2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

CHECK

SIGNATURE:

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # A18757 1. Entity Name TAMPA EASTSHORE, LTD. Mailing Address Principal Place of Business: 3505 E. FRONTAGE RD. 3505 E. FRONTAGE RD. #115 TAMPA FL 33607-7007 : TAMPA FL 33607-7007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 59-2471763 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IRVING, PETER Street Address (P.O. Box Number is Not Acceptable) 3505 E. FRONTAGE RD, #115 TAMPA FL 33609-3415 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and titlo if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME BAXTER, GEORGE J. STREET ADDRESS 4963 BACOPA LN SQ. APT 803 CITY-ST-ZIP ST PETERSBURG FL 33715 CITY-ST-IP 02/24/06-80013-017 500.00 DOCUMENT # STREET ADDRESS NAME IRVING, PETER STREET ADDRESS 14900 GULF BLVD.#402 CITY-ST-2IP CRY-ST-ZIP MADEIRA BCH. FL DOCUMENT # STREET ADDRESS NAME TAUB, THÉODORE C. STREET ADDRESS 4937 LYFORD CAY RD CITY-SI-ZIP CITY-ST-ZIP TAMPA, FL DOCUMENT # STREET ADDRESS NAME \$18LET ADDRESS COTY-ST-7IP CHY-ST-21P OCCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAKE STREET ADDRESS City-St-ZiP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Peter Irving, Grn. Ptr. 29.06

813-282-1873

FILED