2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By Saptember 6, 2006 DOCUMENT # A22552 FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name CBL, LTD. 06 AUG -1 AH 9: LU Principal Place of Business Mailing Address 6001 PELICAN BAY BLVD. 6001 PELICAN BAY BLVD. SUITE 406 SUITE 406 NAPLES, FL 34108 NAPLES, FL 34108 07202006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2779009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANDERS, CAROLYN B DO NOT WRITE 6001 PELICAN BAY BLVD. SUITE 406 IN THIS SPACE NAPLES, FL 34108 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. DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$900.00 On or after September 6, 2006, Fee will be \$1000.00 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME LANDERS, WOODFIN M STREET ADDRESS 6001 PELICAN BAY BLVD., SUITE 406 CITY-ST-7IP NAPLES, FL 34108 DOCUMENT # Carolyn B. Landers and James C. Landers, as Co-Trustees NAME of the Marital Trust created under Article Third of STREET ADDRESS The Woodfin M. Landers Living Revocable Trust CITY-ST-ZIP dated April 28, 1994 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 if 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

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE:

August 1, 2006

770/312-7833

Daveme Phone #