

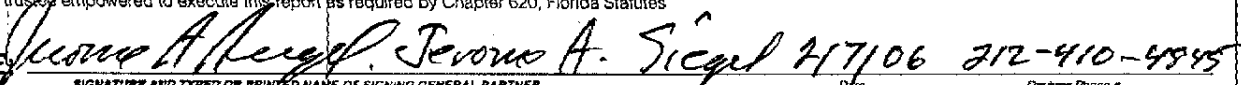


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 13, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------|--|--|--|--|
| DOCUMENT # A23052 | |  | | | |
| 1. Entity Name YULEE ASSOCIATES, LTD. | | | | | |
| Principal Place of Business 581705 WHITE OAK ROAD YULEE, FL 32097 | | Mailing Address 581705 WHITE OAK ROAD YULEE, FL 32097 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2809109 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SIEGEL, JEROME A 581705 WHITE OAK ROAD YULEE, FL 32097 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | | | | | |
| 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. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | G17202 | STREET ADDRESS | |  110000433367 02/24/06-80014-017 500.00 | |
| NAME | CORDCON CAPITAL CORP. | CITY-ST-ZIP | | | |
| STREET ADDRESS | 581705 WHITE OAK ROAD | | | | |
| CITY-ST-ZIP | YULEE, FL 32097 | | | | |
| DOCUMENT # | | STREET ADDRESS | | | |
| NAME | | CITY-ST-ZIP | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
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| NAME | | CITY-ST-ZIP | | | |
| 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 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. | | | | | |
| SIGNATURE | |  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | |
| | | Date: 2/17/06 Daytime Phone: 212-410-4845 | | | |

STAPLE CHECK HERE