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

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SIGNATURE: ESTO DELECOPMENT INC

## Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # A23606 1. Entity Name MOWRY PROPERTIES I, LTD. Principal Place of Business Mailing Address 740 BLUEBIRD LANE 740 BLUEBIRD LANE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2798531 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, JAIME 740 BLUEBIRD LANE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City Zia 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 Signature, typed or printed name of registered agent and time if applicable DATE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # S16086 STREET ADDRESS NAME ESLO DEVELOPMENT, INC. STREET ADDRESS 740 BLUEBIRD LANE CHY-ST-AP CITY-ST-ZIP PLANTATION FL 33324 DOCUMENT # STREET ADDRESS MAKE UD0000411956 10706-80027-018 500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-782 DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes 1 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

1/11/2 S JAIME CONSAUZ P JAN 26/06 (954) HT3 8452

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