

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:43

<b>DOCUMENT # A23831</b> 1. Entity Name LAUDERDALE INVESTMENTS, A CALIFORNIA LIMITED PARTNERSHIP					
Principal Place of Business 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990			Mailing Address P.O. BOX 359 STUART, FL 34995		
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 95-4078701	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent O'DONNELL, CHAR. ADMIN. 850 SW MARTIN DOWNS BL. PALM CITY, FL 34990				7. Name and Address of New Registered Agent Name <b>Stanley R. Garriss</b> Street Address (P.O. Box Number is Not Acceptable) <b>850 SW Martin Downs Blvd.</b> City <b>Palm City</b> <b>FL</b> <small>Zip Code</small> <b>34990</b>	
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 <b>Stanley R. Garriss</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>2-1-2006</b>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	850 SW Martin Downs Blvd.	
NAME	GARRIS, STANLEY R		CITY-ST-ZIP	Palm City, FLorida 34990	
STREET ADDRESS	2440 S.E. FEDERAL HWY, STE. 600				
CITY-ST-ZIP	STUART, FL 34994				
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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: <b>Stanley R. Garriss</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date <b>2-1-2006</b> Daytime Phone # <b>772-287-1844</b>	

STAPLE CHECK HERE