2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State Due By May 1, 2006

DOCUMENT # A26335 SNAPPER CREEK SHOPPING CENTER, LTD. Principal Place of Business Mailing Address 1550 MADRUGA AVE. 1550 MADRUGA AVE. SUITE 230 SUITE 230 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 01062006 No Chg-LP GR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2086449 \$8.75 Additional 5. Certificate of Status Desired Π Fee Required 6. Name and Address of Current Registered Agent SNAPPER CREEK, INC. DO NOT WRITE 1550 MADRUGA AVE. **SUITE 230** IN THIS SPACE CORAL GABLES, FL 33146 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 life if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 *90000005547*60 After May 1, 2008, 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 EDGUMENT # M77349 SNAPPER CREEK, INC. NAME STREET ADDRESS 1550 MADRUGA AVE, STE, 230 CITY-ST-ZW CORAL GABLES, FL 33146 DDCUMINT # NAME STRUCT ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE SCREEK ADDRESS CATY-ST-ZIP

IN THIS SPACE

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

SIGNATURE:

DOCUMENT # STREET ADDRESS CHY-ST-ZIE DOCUMENT # WME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME. STREET ADDRESS CHY-ST-ZE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

3*05-667.*6461

Applied For

Not Applicable

Daytime Phone #