2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

FILED Jan 22, 2007 08:00 AM Secretary of State

Prins/pal Place of Business Mailing Address C/O SEVEN EVERGREEN PLACE MARTIE MARTIN SUITE 2600 SUITE 2600 Mailing Address C/O SEVEN EVERGREEN PLACE MARTIE MARTIN SUITE 2600	
WINNIPEG, MANITOBA R3L 2T3, WINNIPEG, MANITOBA R3L 2T3,	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address	
Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-LP CR2E003 (12/06)	
City & State 4. FEI Number Applied 98-0108140 Not Api	
Zip Country Zip Country 5. Certificate of Status Desired 5. Service Fee Required	hi
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	
PIRES, ANTHONY P., JR. WOODWARD, PIRES & ANDERSON, P.A. Street Address (P.O. Box Number is Not Acceptable)	
3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 33103	
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 the obligations of registered agent.	accept
SIGNATURE ————————————————————————————————————	_
FILE NOW!!! FEE IS \$500.00	
After May 1, 2007, 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 / P38731 STREET ADDRESS	
NAME 72091 MANITOBA LTD. STREET ADDRESS 2600 SEVEN EVERGREEN PL. CITY-ST-ZIP WINNIPEG,MANITOBA,CA,	
DOCUMENT # STREET ADDRESS	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the inform indicated on this report is true and acquirate and their my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partner or the receiver or trustee empowered to execute this teach as required by Chapter 620, Florida Statutes SIGNATURE: Arni C. Thorsteinson, 01/10/07, (204) 475-9090 SIGNATURE AND TYPED OR PRINTED NAME OF BIORIMS GENERAL PARTNER Date Date Date Date Divining Printed Marke of BIORIMS GENERAL PARTNER	ation ership