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

| CLERMONT FL 34711 CLERMONT FL 34712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. - Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State 4. FEI Number 59-2936169 Not Ap | 1. Entity Nan | MENT # A29396 | MA1 1, 2000 | : | | FILED 06 MAY -1 AM 8: 48 | |
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| 2. Principal Place of Business Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Chy & | 13817 VIA | ROMA CIRCLE | P.O. BOX 121799 | P.O. BOX 121799 | | SECRETARY OF STATE TALLAHASSEE FLORIDA | |
| City 6 State City 6 State City 6 State Country Country Country Country Country Country Country S. Certificate of Status Desired Satisfact Status Desired Satisfact States Desired Satisfact States Desired Satisfact Sat | 2. Principal l | Place of Business | 3. Mailing Address | 3. Mailing Address | | | |
| Signature Sign | Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | 1st MOORE CR2E003 (10/05) | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUMMINS AND NAILOS, P.A. 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 34711 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 Ronde. I am familiar with, a accept the obligations of registered agent. SIGNATURE For the State is \$500. After May 1, 2006, fee will be \$900. Make check payable to Florida Department of St. A GENERAL PARTISER 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. | City & State | | City & State | | *** | 4. FEI Number | |
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| 2215 CLUSTER OAK DR., SUITE 2 CLERMONT FL 34711 City FL Zip Code 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, are accept the obligations of registered ugent. SIGNATURE Signature Sheed or printed name of impatitud logos and title 4 capitations. PLE NOW!! Fee is \$500 *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of Str. A GENERAL PARTINER 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 filled to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY SIREET ADDRESS CITY-ST-2P DOCUMENT / NAME SIREET ADDRESS CITY-ST-2P THE TADDRESS CITY-ST-2P THE TADDRESS CONTINUES THE INFORMATION THE | 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and Address of New Registered Agent | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with an accept the obligations of registered agent. SIGNATURE Signature, hold or printed name or registered agent and site of accidable. DATE FILE NOW!!! Fee is \$500. *** After May 3, 2006, fee will be \$900. *** Make check payable to Florida Department of State NOTE: General Partiners May NOT be changed on the form; an amendment must be filled to change a general partiner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT I NAME PELL HOMES, INC. SIREET ADDRESS P.O. BOX 171799 CITY-S1-2P DOCUMENT I NAME SIREET ADDRESS CITY-S1-2P | 221 | 2215 CLUSTER OAK DR., SUITE 2 | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| 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, an accept the obligations of registered agent. SIGNATURE Signature FILE NOW!!! Fee is \$500. After May 1, 2006, fee will be \$900. Make check payable to Florida Department of St. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME SIRET ADDRESS. CITY-ST-2P DOCUMENT / NAME SIRET ADDRESS. | | | | | City | FL Zip Code | |
| NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. | accept the | e obligations of registered agent. Signature, typed or printed name of registered. | agent and little if applicable. | | | DATE | |
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