2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A31422 1. Entity Name 07 FEB -6 AM 10: 51 IMMOKALEE NON-PROFIT HOUSING, LTD. Mailing Address Principal Place of Business 2449 SANDERS PINE CIRCLE 2449 SANDERS PINE CIRCLE IMMOKALEE, FL 34142 IMMOKALEE, FL 34142 01082007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2716833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KUEHNER, CARL J DO NOT WRITE 900 BROAD AVE S 2C NAPLES, FL 34102 IN THIS SPACE 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 title if applicable DATE 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. GENERAL PARTNER INFORMATION 12. N12626 DOCUMENT # NAME IMMOKALEE NP HSNG, INC. STREET ADDRESS 2449 SANDERS PINE CIRCLE CITY-ST-ZIP IMMOKALEE, FL 34142 DOCHMENT # 100097874581 02/09/07--01046--008 **500.00 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this es not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ure shalf 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 empower SIGNATURE 6

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