2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A31618 06 MAR 10 AM 9: 09 RIO VISTA PARTNERS, LTD. Principal Place of Business Mailing Address ATTN: JOSEPH A. ROTH ATTN: JOSEPH A. ROTH 1617 RIDGEWOOD AVENUE, SUITE G 1617 RIDGEWOOD AVENUE, SUITE G HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-LP CR2E003 (11/05) City & State City & State 4. FFI Number Applied For 59-3075115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 1617 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 City 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 accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. ADDRESS CHANGES ONLY DOCUMENT # S10082 STREET ADDRESS RIO VISTA OFFCE CNTR INC NAME STREET ADDRESS 1617 RIDGEWOOD AVE., #G CITY-ST-ZIP CITY-ST-ZIP HOLLY HILL, FL JOSEPH A. ROTH
1617 RIDGENOOD AVE.
HALLY HILL, FL 32/17 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 600068540656 DOCUMENT # FRAZER-BERNER ADVERTISANO, STREET ADORESS 03/23/06--01050--001 **500.00 NAME 1615 RIDGENOOD ME HALLY HILL FL 3211 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ZOORESS CITY-ST-ZIP CITY-ST-ZIP 14. I ereby 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 information ind, cated 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