2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

SIGNATURE:

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A31719** 1. Entity Name E.J. NELSON FAMILY LIMITED PARTNERSHIP 06 AUG - | AM 9: 38 Principal Place of Business Mailing Address 120 N. U.S. HIGHWAY ONE 120 N. U.S. HIGHWAY ONE TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0268444 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 NELSON, EDWIN JOHN Street Address (P.O. Box Number is Not Acceptable) 120 NORTH US HWY ONE TEQUESTA, FL 33469 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, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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 ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS NAME NELSON, EDWIN JOHN 120 NORTH U.S. HWY ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEQUESTA, FL DOCUMENT # 000078467280 STREET ADDRESS **500.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITE-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME * STREET ADDRESS CITY-Si-ZIP 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 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