2006 LIMITED PARTNERSHIP ANNUAL REPORT

Jan 30, 2006 08:00 AM Due By May 1, 2006 Secretary of State DOCUMENT # A9400000921 GREÉN FAMILY LIMITED PARTNERSHIP I Principal Place of Business Mailing Address 5700 70TH AVENUE NORTH 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 01132006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3273891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, MARGIE R DO NOT WRITE 5700 70TH AVENUE NORTH PINELLAS PARK, FL 33781 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. 1 am familiar with, and accept the obligations of registered agent. 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. DOCUMENT # GREEN, MARGIE R NAME U00000406770 02/07/06-80104-008 500.00 STREET ADDRESS 5700 70TH AVENUE NORTH C)TY - ST - Z)P PINELLAS PARK, FL 33781 DOCUMENT # NAME STREET ADDRESS CITY-ST-71P DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NALE. STREET ADDRESS CITY-ST-ZIP DOCUMENT # STAPLE CHECK NAME STREET ADDRESS CITY-ST-ZIP

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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 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

NAME STREET ADDRESS CITY-ST-ZIP