2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 14, 2006 08:00 AM Secretary of State

| | | | _ _ | Secretary of State |
|---|---|---|---------------------------|--|
| 1. Entity Name | #A9400000940 | 1 | | Secretary or State |
| WYGLE FAMILY | LIMITED PARTNERSHIP I | | | |
| Principal Place of Busine | ss Mailing / | Address | | |
| 5700 70TH AVENUE NO PINELLAS PARK, FL 33 | | 70TH AVENUE NORTH LAS PARK, FL 33781 | | |
| | | | | L INCOMEN AND AND AND AND AND AND AND AND AND AN |
| | | : | | |
| | | | _ | 01132006 No Chg-LP CR2E003 (11/05) |
| DO NOT WRITE IN THIS SPACE | | CE | 4. FEI Number Applied For | |
| | | | | 59-3273814 Not Applicable 5. Certificate of Status Desired \$8.75 Additional |
| R Non | ne and Address of Current Registered | Agent | Ţ | Fee Required |
| | <u> </u> | Men. | 1 | |
| WYGLE, NANCY F 5700 70TH AVENU | IE NORTH | 1 | | DO NOT WRITE |
| PINELLAS PARK | FL 33781 | • |] | IN THIS SPACE |
| | | | } | |
| | | se of changing its register | red office or register | red agent, or both, in the State of Florida. 1 am familiar with, and accept |
| the obligations of reg | istered agent. | | | |
| SIGNATURE Signature, dyn | ed or printed name of registered agent and fife if applic | able | -, | DATE |
| | FILE NOW!!! FEE After May 1, 2006, Fee | | | |
| ,,,,, | GENERAL PARTNER THAT IS A | BUSINESS ENTITY | MUST BE REGIS | TERED AND ACTIVE WITH THIS OFFICE. Int must be filed to change a general partner. |
| 12. | GENERAL PARTNER INFORMA | | n, an amendmen | it tituse be filed to change a general postular. |
| DOCUMENT AVYGLE | , NANCY R | | | |
| Sireet address 5700 to | TH AVENUE NORTH | | | |
| DOCUMENT PINELL | AS PARK, FL 33781 | · · | | U00008434358 02/24/06-80060-013 500.00 |
| NAME | | 1 | | 00,000 00 00000 013 300,00 |
| STREET ADDRESS CITY-SI-ZIP | | | | |
| DOCUMENT # | | | | |
| NAME STREET ADDRESS | | | | DO NOT WRITE |
| CITY-SI-ZIP | | | | IN THIS SPACE |
| DOCUMENT # | | i | | IN THIS SPACE |
| STREET ADDRESS | | | | |
| BOCUMENT I | | | | |
| MANE CIDEET ADDRESS | | 1 | | |
| STREET AODRESS CITY-ST-ZIP | | | | |
| DOCUMENT # | | | | |
| L L | ' | • | | |
| NAME STREET ADDRESS | | | | |