2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 **FILED** Apr 24, 2006 08:00 Al Secretary of State DOCUMENT # A94000001338 1. Entity Name OLIVÉYE PARTNERS, LTD. Principal Place of Business Mailing Address 2255 GLADES ROAD, SUITE 223A 2255 GLADES ROAD, SUITE 223A BOCA RATON, FL 33431 BOCA RATON, FL 33431 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3368855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O.P.L., INC. DO NOT WRITE 2255 GLADES RD., SUITE 223A BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable DATE 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. 12. GENERAL PARTNER INFORMATION P94000072090 DOCUMENT 4 NAME O.P.L., INC. U00000531835 STREET ADDRESS 2255 GLADES RD., SUITE 223A 05/06/06-80058-018 500.00 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT (NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS City-ST-78 IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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 parinership or the receiver or trustee emphasization are true to the limited parinership or the receiver or trustee emphasization are true to the limited parinership or the receiver or trustee emphasization are true to the limited parinership or the receiver or trustee emphasization are true to the limited parinership or the receiver or trustee.

SIGNATURE

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

Daylime Phone #