2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A9400001439 HOBÉ SOUND S.C. COMPANY, LTD. 06 APR 10 AH 10: 31 Principal Place of Business Mailing Address P.O. BOX 11229 % SOUTHERN MANAGEMENT & DEV. 21301 POWERLINE RD., STE. 312 KNOXVILLE, TN 37939 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address 925 South Federal Highway Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 Chg-LP CR2E003 (11/05) Suite 425 Applied For City & State 4. FEI Number Bocka Raton, FL 65-0530035 Not Applicable Country Zio Country 33432 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLIFFORD L. WALTERS Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST BRADENTON, FL 34205 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 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 # 625859 STREET ADDRESS 925 South Federal Highway, Suite 425 WEST INVESTMENT COMPANY, INC. NAME STREET ADDRESS 1733 W. FLETCHER AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33612 Boca Raton, FL 33432 G66829 DOCUMENT # STREET ADDRESS TAMNOR CORPORATION STREET ADDRESS 60 EAST 42ND STREET, 55TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10165 DOCUMENT # G66830 STREET ADDRESS NORTAM CORPORATION NAME 500072363386 04/27/06--01029--025 **50 STREET ADDRESS 60 EAST 42ND STREET, 55TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10165 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 (561) 948-7100 Steven Levin, Secretary SIGNATURE:= SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER