2006 LIMITED PARTNERSHIP (RNUAL REPORT (AR) DUE BY MAY), 2006

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SIGNATURE:

Mar 13, 2006 08:00 AM DOCUMENT # A94000001514 Secretary of State 1. Entity Name TIMOSHENKO FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address 3630 GULF OF MEXICO DRIVE #101-B LONGBOAT KEY FL 34228 12690 PLYMOUTH DRIVE SARATOGA CA 95070 2. Principal Place of Business 3. Mailing Address Suite, Apt. if, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FE! Number Applied For 65-0564969 Not Applicat Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUTCH, STEPHANIE T 3630 GULF OF MEXICO DR., #101B Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY FL 34228-2830 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. Lam tamillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and tible it applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS UNDDUU465334 NAME KUTCH, STEPHANIE T /22/86-88932-889-588.99 STREET ADDRESS 12690 PLYMOUTH DRIVE CITY-ST-ZIP City-ST-ZIP SARATOGA CA 95070 DOCUMENT # STREET ADDRESS NAME TIMOSHENKO, JOHN A STREET ADDRESS 3630 GULF OF MEXICO DRIVE, #101-B CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STRUET ADDRESS STREET ADDRESS CCTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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

Styling of Frinzed MAME OF SIGNING GENERAL PARTNER T. Kutch 3/7/06 (408) 253-3331

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