

,3006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 6, 2006 DIVISION OF STATE FILED **DOCUMENT # A94000001680** 06 JUL 27 AM 9:05 THE MATERA FAMILY LIMITED PARTNERSHIP Mailing Address Principal Place of Business SOUTH SEAS CLUB, TOWER III, PH 1906 SOUTH SEAS CLUB, TOWER III, PH 1906 380 SEA VIEW COURT 380 SEA VIEW COURT MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. 07122006 CR2E003 (11/05) Chg-LP Applied For City & State 4. FEI Number 65-0547502 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 10013 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATERA, JOHN Street Address (P.O. Box Number is Not Acceptable) SOUTH SEAS CLUB, TOWER II, PH 1906 380 SEA VIEW COURT MARCO ISLAND, FL 34145 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME MATERA, JOHN STREET ADDRESS 380 SEA VIEW COURT, SOUTH SEAS CLUB CITY-ST-ZIP CITY - ST - 7IP MARCO ISLAND, FL 34145 DOCUMENT / STREET ADDRESS 400078224444 MATERA, MARGARET NAME STREET ADDRESS 380 SEA VIEW COURT, SOUTH SEAS CLUB CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND, FL 34145 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 / STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

HH

CHICK

NAME STREET ADDRESS

CVIY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER