2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004** FILED DOCUMENT # A940000Q1855 2004 JUN - 1 PM.12: 27 1. Entity Name RYTHER PROPERTIES, LTD. SECRETARY OF STATE Mailing Address Principal Place of Business 5002 MOUNT EACLE DRIVE ## 400 5002 MOUNT EASTE DRIVE: #45 ANDRIA-WA-22808 XANDRIA-VA-22003 2. Principal Place of Business 3. Mailing Address 5809 Wich of SUN LN For 5809 Nicholson LN Suite, Apt. #, etc Suite, Apt. #, etc. CR2E003 (11/03) 804 804 City & State Rity & State Rock Ville Applied For 4. FEI Number MI 65-0547385 Not Applicable Country \$8.75 Additional U.s. Ac 5. Certificate of Status Desired U.S.A 20852 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of the Registered Agent DAFNell DARNELL ROBERT W Street Address (P.O. Box Number is Not Acceptable) SO33 MAIN ST RINGLANd SARASOTA-FE-84297 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the obligations of registered agent. SIGNATURE in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. DOCUMENT # STREET ADDRESS NAME RYTHER, PHILIP I STREET ADDRES MOUNT EAGLE DRIVE, CITY-ST-7IP CITY-ST-ZIP VIEXVIDBIV AV 55303 DOCUMENT # STREET ADDRESS NAME RYTHER, GARY R STREET ADDRESS THE PORL AR RIDGE POAD CITY-ST-7IP CITY-ST-ZIP RICHMOND VA 23986 DOCUMENT # STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS 300037664063 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT! STREET ADDRESS NA JE STREET AUDRESS CITY-ST-ZIP CHY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Philip J. Ryther 4/4/14 301-468-2965