2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A95000000005 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS RINGHAVER FAMILY LIMITED PARTNERSHIP 06 MAR 10 AM 9: 07 Mailing Address Principal Place of Business **500 WORLD COMMERCE PARKWAY** 500 WORLD COMMERCE PARKWAY ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-LP CR2E003 (11/05) City & State 4. FEI Number City & State Applied For 59-3284538 Not Applicable Zip Country Žio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kimhaver HOLBROOK, H. LEON Street Address (P.O. Box Number is Not Acceptable) INDEPENDENT SQUARE ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202 emmerre 8. The above named entity exponits 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. Randal L Ringhaver, President 2-21-06 Signature, typed or printed name of registered agent and talle if appli 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 ADDRESS CHANGES ONLY 12 DOCUMENT # STREET ADDRESS NAME RINGHAVER, LANCE C STREET ADDRESS 9797 GIBSONTON DRIVE CHY-ST-ZIP CITY-ST-ZIP RIVERVIEW, FL 33569 DOCUMENT # STREET ADDRESS 500 World Commerce PKW NAME RINGHAVER, RANDAL L 8050 PHILLIPS HIGHWAY STREET ADDRESS CHY-ST-ZIE CITY-ST-ZIP JACKSONVILLE, FL 32256 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 700068540497 DOCUMENT # STREET ADDRESS 03/23/06--01049--025 NAME **500.00 STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP GOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY-ST-ZIP

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