2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

CHECK

SIGNATURE:

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # A95000000075 1. Entity Name SANDHURST PROPERTIES, LTD. Mailing Address Principal Place of Business 1110 PINELLAS BAYWAY, SUITE 200 TIERRA VERDE FL 33715 1110 PINELLAS BAYWAY, SUITE 200 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 59-3286335 Not Applicab! Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURRAY, ROBERT W ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O MORGAN, LEWIS & BOCKIUS 200 SOUTH BISCAYNE BLVD., SUITE 5300 MIAMI FL 33131-2339 Zip Code City 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 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # 1.950000000027 STREET ADDRESS NAME SANDHURST PROPERTIES, L.C. STREET ADDRESS 1110 PINELLAS BAYWAY, SUITE 200 CUTY-ST-ZIP U00000538445 CITY-ST-ZIP TIERRA VERDE FL 33715 05/09/06-80059-004 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP OOCUMENT # 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this good as required by Chapter 620, Florida Statutes

NTED NAME OF SIGNING GENERAL PARTNER