2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A95000000681 06 APR 24 AM 9: 11 WHARTON-SMITH PROPERTIES, LLLP Principal Place of Business Mailing Address POST OFFICE BOX 471028 750 COUNTY ROAD 15 LAKE MONROE, FL 32747 LAKE MONROE, FL 32747 2. Principal Place of Business 750 Manket 3. Mailing Address Roso Suite, Apt. #, etc. Suite, Apt. #, etc. 04072006 Chg-LP CR2E003 (11/05) City & State City & State Applied For 4. FEI Number 59-2626076 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired タレクワノ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, GEORGE E Street Address (P.O. Box Number is Not Acceptable) 750 COUNTY ROAD 15 LAKE MONROE, FL 32747 City Zip Code FL 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. DATE 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 12. ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS WHARTON, WILLIAM R STREET ADDRESS **401 MOSSY STONE COURT** CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL 32779 DOCUMENT # STREET ADDRESS SMITH, GEORGE E NAME 400074703014 05/17/06--01007--015 **\$00.00 STREET ADDRESS 2333 ALAQUA DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL 32779 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 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 filling 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

FILED

4/11/06