2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

HERE

STAPLE CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER

FILED DOCUMENT # A95000001017 2007 APR 30 AM 10: 15 DYNAMIC VALUE PARTNERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **457 MOORING LINE DRIVE** 457 MOORING LINE DRIVE NAPLES, FL 34102 NAPLES, FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2775 CRAYTON RD 2775 CRAYTON RD Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 Chg-LP CR2E003 (12/06) City & State NAPIOS City & State 4. FEI Number Applied For FL FL NAPles 65-0591570 Not Applicable USA Collie Country \$8.75 Additional 5. Certificate of Status Desired Collier 34103 34103 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACAULAY, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 1402 MIAMI CENTER 201 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131 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. Lam familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT / STREET ADDRESS 2775 CRAYION NAME MCKEE, RICHARD G JR STREET ADDRESS 457 MOORINGLINE DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 P95000051780 DOCUMENT # STREET ADDRESS CRAYION 2D DYNAMIC INVESTMENT GROUP, INC. NAME STREET ADDRESS 457 MOORINGLINE DRIVE CITY-ST-ZIP NAPles CITY-ST-71P NAPLES, FL 34102 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS 05/08/07---01040---018 COY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME . STREET ADDRESS CITY-ST-7P 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-7IP 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 eath; 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