2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING GENERAL PARTNER

Jan 25, 2006 08:00 AM DOCUMENT # A95000001706 Secretary of State 1. Entity Name MELROSE LANDING, LTD. Principal Place of Business Mailing Address 4127 NW 27TH EN., SUITE A P.O. BOX 357845 GAMESVILLE, FL 32606 GAINESVILLE, FL 32635 01112006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2322036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, DENNIS G DO NOT WRITE 4127 NW 27TH LN., SUITE A GAINESVILLE, FL 32606 IN THIS SPACE 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 omitted name of registered agent and time 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. 12 GENERAL PARTNER INFORMATION DOCUMENT # G56910 NAME FLORIDA WOODLAND, INC. STREET ADDRESS 4127 NW 27TH LN., SUITE A COTY-ST-ZIP GAINESVILLE, FL 32606 DOCUMENT # L950000000298 U00000401862 02/02/06-80063**-014** 5**00.00** HAME JEAN PROPERTIES, L.C. STREET ADDRESS 4127 NW 27TH LN., SUITE A CITY-ST-ZIP GAINESVILLE, FL 32606 481672 COCCOM-NC NAME SOUTHERN PROPERTIÉS, INC. DO NOT WRITE STREET ADDRESS 4127 NW 27TH LN., SUITE A CITY-ST-ZIP GAINESVILLE, FL 32606 IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZiP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS CUTY-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 path; 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.

1-17-0/

Date

Daytime Prione #

FILED