

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

500.00

**FILED**

2006 JUL -6 PM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OK*



07062006 Chg-LP CR2E003 (11/05)

|   |                       |     |   |  |             |
|---|-----------------------|-----|---|--|-------------|
| DOCUMENT # A95000001915   |                       |     |   |  |             |
| 1. Entity Name<br>SAMAT REALTY, LTD.  |                       |     |   |  |             |
| Principal Place of Business<br>6377 HEARTLAND CIRCLE<br>TALLAHASSEE, FL 32312   |                       |     | Mailing Address<br>6377 HEARTLAND CIRCLE<br>TALLAHASSEE, FL 32312 |  |             |
| 2. Principal Place of Business  |                       |     | 3. Mailing Address  |  |             |
| Suite, Apt. #, etc.   |                       |     | Suite, Apt. #, etc.   |  |             |
| City & State  |                       |     | City & State  |  |             |
| Zip   | Country               | Zip | Country   | 4. FEI Number<br>65-0650604  |             |
|   |                       |     |   | Applied For<br>Not Applicable  |             |
|   |                       |     |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                   |             |
| 6. Name and Address of Current Registered Agent   |                       |     |   | 7. Name and Address of New Registered Agent  |             |
| ATKINS, JAMES S<br>6377 HEARTLAND CIRCLE<br>TALLAHASSEE, FL 32312   |                       |     |   | Name   |             |
|   |                       |     |   | Street Address (P.O. Box Number is Not Acceptable)   |             |
|   |                       |     |   |  |             |
|   |                       |     |   | City   | FL Zip Code |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                       |     |   |  |             |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>Due by September 6, 2006</b>   |                       |     |   | In accordance with s. 607.193(2)(b), F.S.,<br>the limited partnership did not receive the<br>prior notice. |             |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                       |     |   |  |             |
| 12. GENERAL PARTNER INFORMATION   |                       |     | 13. ADDRESS CHANGES ONLY  |  |             |
| DOCUMENT #  | NAME                  |     | STREET ADDRESS  |  |             |
|   | SAMA, CARLOS A        |     |   |  |             |
|   | STREET ADDRESS        |     | CITY-ST-ZIP   |  |             |
|   | 1581 MCDANIEL DRIVE   |     |   |  |             |
|   | CITY-ST-ZIP           |     |   |  |             |
|   | ASHEBORO, NC 27205    |     |   |  |             |
| DOCUMENT #  | NAME                  |     | STREET ADDRESS  |  |             |
|   | ATKINS, JAMES S       |     |   |  |             |
|   | STREET ADDRESS        |     | CITY-ST-ZIP   |  |             |
|   | 6377 HEARTLAND CIRCLE |     |   |  |             |
|   | CITY-ST-ZIP           |     |   |  |             |
|   | TALLAHASSEE, FL 32312 |     |   |  |             |
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|   |                       |     |   |  |             |
|   | CITY-ST-ZIP           |     |   |  |             |
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|   |                       |     |   |  |             |
|   | 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: <i>[Signature]</i>   |                       |     | Date: 7/6/06  |  |             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                       |     |   |  |             |

STAPLE CHECK HERE

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