2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Jan 20, 2006 08:00 AN **DOCUMENT # A95000001978 Secretary of State** PBG HOMES, LIMITED Principal Place of Business Mailing Address 1985 SOUTH MILITARY TRAIL 1985 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 WEST PALM BEACH, FL 33415 01132006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0644934 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAUCH, HARRY DO NOT WRITE 1985 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 IN THIS SPACE 3. 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, 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. P95000079326 DOCUMENT# NAME FAIRWAY ISLES, INC. STREET ADDRESS 1985 SOUTH MILITARY TRAIL (100000393735 01/25/06-80033-017 500.00 CITY-ST-ZIP WEST PALM BEACH, FL 33415 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT# 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

C E C E C E

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF