2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A95000002103 FILED DEL ROSAL INVESTMENT PARTNERS, LTD. 06 JUN 19 PM 1:00 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 9400 Old Cutler Lane 2665 S. Bayshore Dr. Coral Gables, FL 33156 Suite 420 Miami, Florida 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0682045 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ignacio G. del Valle FERRELL GROUP CORPORATE SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD., SUITE 3400 2665 S. Bayshore Drive. MIAMI, FL 33131 Suite 420 Zip Code 33131 Miami 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. gaar Jaul 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 P95000096763 DOCUMENT # 2665 S. Bayshore Dr., Ste. 420 STREET ADDRESS BIONNE, INC. NAME STREET ADDRESS 201 SOUTH BISCAYNE BLVD., SUITE 3400 Miami, Florida 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS NAME 8000076410308 STREET ADDRESS CITY-ST-7IP 06/21/06--01013--003 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 14. I hereby certify that the information sug d with this filing does not be and that my signature is qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and acc thall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership ired by Chapter 620, Florida Statutes or the receiver or trustee empowered Biome Inc., Parton residento SIGNATURE: SIGNATURE AND