2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

SECRETARY OF STATE DIVISION OF CORPORATIONS FILED **DUE BY MAY 1, 2006** DOCUMENT # A96000000225 06 MAR 17 AM 10: 20 1. Entity Name SĂRAH E. MIDDLEBROOKS FAMILY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address P.O. BOX 732 WINDERMERE FL 34786 6036 LEXINGTON PARK ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 120 W. 7th P.O. BOX Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State Applied For 4. FEI Number WINDERMERE 59-3356548 WINDERMERE Not Applicable Country ORANGE Country ORANGE \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent MIDDLEBROOKS, SARAH E. MIDDLEBROOKS, SARAH E 6036 LEXINGTON PARK ORLANDO FL 32819 City WINDERMERE 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. March 3, 2006 SIGNATURE FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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. DOCUMENT # after 9, 2006 STREET ADDRESS NAME MIDDLEBROOKS, SARAH E STREET ADDRESS 6036 LEXINGTON PARK CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 100069076451 03/31/06--01005--008 **500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP 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-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

E. Middlebrooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 3, 2006

Daytime Phone #

SIGNATURE: Darah