2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Mar 03, 2006 08:00 AM Secretary of State DOCUMENT # A96000000533 ORMOND LAKES, LTD. Principal Place of Business Mailing Address 860 HULL RD. P.O. BOX 1626 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32175 02252008 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3379074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent TUMBLESON, J. DOYLE DO NOT WRITE 150 SOUTH PALMETTO AVE. SUITE A IN THIS SPACE DAYTONA BEACH, FL 32114 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. (am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it 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. P95000069522 DOCUMENT # NAME ORMOND LAKES, INC. STREET ADDRESS 150 S. PALMETTO AVE., STE. A CDY-ST-719 DAYTONA BEACH, FL 32114 DOCUMENT # 11000004542<u>7</u>0 STREET ADDRESS 03/15/06-6000**7-005 509.0**0 CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS C)TY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP

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 path; that I am a General Partner of the limited partnership or the receiver or trustee expowered to execute this report as required by Chapter 620, Florida Statutes JAMES RONNIE BLEDSOE

SIGNATURE: /

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING GENERAL PARTNER

386-676-1501

Devtime Phone #

FILED