2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILEU **Due By May 1, 2006** SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A96000001390 1. Entity Name EAST LAKE INVESTORS, LTD. 06 MAR 27 AM 10: 44 Mailing Address Principal Place of Business C/O BEL-AIRE INVESTMENTS. INC. C/O BEL-AIRE INVESTMENTS, INC. 37811 CHANCEY ROAD 37811 CHANCEY ROAD ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 2. Principal Place of Business 70 6 Mailing Address P. O. Box 706 Suite, Apt. #, etc. Suite, Apt. #, etc. 03222006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For Sgrasota grasota 59-3404255 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 34230-0706 Sarasota Fee Roquired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEBB, RICHARD S IV, ESQ. C/O ICARD, MERRILL, ET AL Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET, #600 SARASOTA, FL 34237 City 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 Signature, typod 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 ADDRESS CHANGES ONLY 12. 13. L05000013179 DOCUMENT # STREET ADDRESS EAST LAKE LANDINGS, LLC NAME STREET ADDRESS 2033 MAIN STREET, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34237 DOCUMENT # STREET ADDRESS NAME 300069924623 04/10/06--01020--023 **500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 DOCUMENT # STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

941-953-8104

Daytime Phone #