2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 24, 2006 08:00 All Secretary of State

| DOCUMENT # A0600001721 | | | | Secretary of Stat | | |
|--|---|---|-------------------------|---|--------------------------------|--|
| DOCUMENT # A9600001721 | | | | Seci | ciary or Stat | |
| THE HARRY M. MALONE FAMILY LIMITED | | | | | | |
| PARTNE | RSHIP | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | |
| 9950 N.W. 1 | | 9950 N.W. 116TH WAY | | | | |
| MEDLEY, FL | | MEDLEY, FL 33178 | | | | |
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| | NO MOT MOIT | - IN TINO ODA | ^ | 04142006 No Chg-LP | CR2E003 (11/05) | |
| DO NOT WRITE IN THIS SPA | | | (CE | 4. FEI Number | Applied For | |
| | | | | 65-0780315 | Not Applicable | |
| | | | * | 5. Certificate of Status Desired [| \$8.75 Additional Fee Required | |
| | 5. Name and Address of Curre | nt Registered Agent | | | | |
| MALONE | LIADDV M | | | DO 110T 11/D | ***** | |
| MALONE, HARRY M 9950 N.W. 116TH WAY | | | | DO NOT WRITE | | |
| MEDLEY, FL 33178 | | | IN THIS SPACE | | | |
| | | | | IN THIS SEA | CL | |
| | | | | | | |
| | | for the purpose of changing its regist | ered office or register | red agent, or both, in the State of Florida | I am familiar with, and accept | |
| the obliga | tions of registered agent. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | and historiff and the state | <u> </u> | | DATE | |
| <u> </u> | | | · | | SACE | |
| | FILE No After May 1 | OWI!! FEE IS \$500.00 , 2006, Fee will be \$900.00 | | | | |
| | | | | TERED AND ACTIVE WITH THIS Continues to the filed to change a general | | |
| 12. | | IER INFORMATION | | | | |
| DOCUMENT# | | | · · = = · | | • | |
| NAME | MALONE, HARRY M | | | \$ 1.00, 000, 000, 000, 000 | mastan | |
| STREET ADDRESS CITY-ST-23P | 9950 N.W. 116TH WAY MEDLEY, FL 33178 | | | | 1531139 20012-201 500 0 | |
| <u> </u> | WILDLET, FL 33110 | | - | U5/U6/U6- | -80018-025 500.0 | |
| DOCUMENT# | 1 | 1 | | | | |

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CTTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP OOCUMENT #

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not quality 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

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

4-19-06

(30)-863-0400 Daylore Prone 8