## 2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

STAPLE CHECK

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A96000002064 06 MAR 10 AM 10: 49 1. Entity Name
SEMINOLE BAYWAY, LTD. Principal Place of Business Mailing Address 3802 S. WESTSHORE BLVD. 3802 S. WESTSHORE BLVD. TAMPA, FL 33611 TAMPA, FL 33611 2. Principal Place of Business 3. Mailing Address 1001 MACDILL 1001 S. MACDILL AVE 5. AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02282006 CR2E003 (11/05) Cha-LP SUITE B SUITE City & State City & State 4. FEI Number Applied For TAMPA TAMPA 59-3408523 Not Applicable Country Country \$8.75 Additional 33619 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK E. MILLER, P.A. t Address (P.O. Box Number is Not Acceptable) 3802 SOUTH WESTHORE BLVD. TAMPA, FL 33611 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, typed 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. P94000011906 DOCUMENT # STREET ADDRESS 1001 NAME BAYWAY INVESTMENT PROPERTIES, INC. STREET ADDRESS 3802 SOUTH WESTSHORE BLVD. CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33611 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 400068093844 NAME <del>03/20/06--01015--022 \*\*500.00</del> STREET ADDRESS CITY STATIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 14. Thereby 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

MARK E. MILLER VA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED