

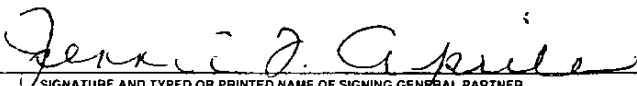


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # A96000002490</b>  |  |   |   |                            |  |
| <b>1. Entity Name</b><br>JIMMY V. APRILE II FAMILY LIMITED PARTNERSHIP, LTD.  |  |   |   |   |  |
| <b>Principal Place of Business</b><br>11004 THERESA ARBOR DRIVE<br>TEMPLE TERRACE FL 33617  |  |   | <b>Mailing Address</b><br>11004 THERESA ARBOR DRIVE<br>TEMPLE TERRACE FL 33617  |   |  |
| <b>2. Principal Place of Business</b><br>10865 CORY LAKE DR.<br>Suite, Apt. #, etc.<br>TAMPA, FL.<br>City & State   |  | <b>3. Mailing Address</b><br>10865 CORY LAKE DR.<br>Suite, Apt. #, etc.<br>TAMPA, FL.<br>City & State |   | 2006 APR 18 PM 4: 06<br> |  |
| Zip<br>33647  | Country<br>USA   | Zip<br>33647  | Country<br>USA  | <b>4. FEI Number</b> 59-7088743 <span style="float: right;">Applied For<br/>Not Applicable</span>           |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | <b>1st MOORE</b> <b>CR2E003 (10/05)</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>APRILE, JENNIE F<br>11004 THERESA ARBOR DRIVE<br>TEMPLE TERRACE FL 33617  |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: Jimmy V. Aprile<br>Street Address (P.O. Box Number is Not Acceptable):<br>10865 CORY LAKE DR.<br>City: TAMPA FL Zip Code: 33647 |   |  |
| <b>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.</b>  |  |   |   |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |   |   |   |  |
| <b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</b>   |  |   |   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |  |   |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |  |   | <b>13. ADDRESS CHANGES ONLY</b>   |   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Jimmy V. Amendment filed 4-18-06<br>APRILE, JENNIE F<br>11004 THERESA ARBOR DRIVE<br>TEMPLE TERRACE FL 33617 |   | STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | STREET ADDRESS<br>CITY-ST-ZIP   | 100069759721<br>04/18/06 01004 007 **\$805.00   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| <b>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</b> |  |   |   |   |  |
| <b>SIGNATURE:</b>    |  |   | 3/20/06<br>Date   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |  |   |   |   |  |

STAPLE CHECK HERE

\$500-AR