2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 11, 2006 08:00 AM Due By May 1, 2006 **Secretary of State** DOCUMENT # A97000000145 1. Entity Name BHER FAMILY LIMITED PARTNERSHIP Mailing Address Principal Place of Business 1523 EDGER PLACE 1523 EDGER PLACE SARASOTA, FL 34240 SARASOTA, FL 34240 CR2E003 (11/05) 01162006 No Chg-LP DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0729947 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent ROSENTHAL, EDWARD DO NOT WRITE 1523 EDGER PLACE SARASOTA, FL 34240 IN THIS SPACE 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 U00000503558 04/26/06-80037-012 500.00 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered eigent and life it applicable FILE NOWIN FEE IS \$500.00 After May 1, 2008, 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. P94000057402 DOCUMENT # NAME EBR LAND CO. STREET ADDRESS 1523 EDGER PLACE CITY-ST-ZP SARASOTA, FL. 34240 DOCUMENT # MAME STREET ADDRESS CITY -ST - ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CHY-SI-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY - ST - ZIP DOCUMENT

14. I hereby centry 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING SENERAL PARTNER