## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

| Due By May 1, 2006  |   |  |                                     | Apr 21, 2006 08:00 AM            |                                   |                          |  |
|---|---|--|-------------------------------------|----------------------------------|-----------------------------------|--------------------------|--|
| DOCUMENT # A9700000416  1. Entity Name TBI/NAPLES LIMITED PARTNERSHIP                   |   |  |                                     |                                  | Secreta                           | ry of S                  | state                                  |
| Principal Plac<br>250 GIBRALT<br>HORSHAM, P   | (AR ROAD  | Mailing Address<br>250 GIBRALTAR ROAD<br>HORSHAM, PA 19044 |                                     |                                  |                                   |                          |  |
| 'n  | O NOT WRITE   | IN THIS SP   |                                     | 04102006 No                      | Chg-LP                            | CR2E003 (1               |  |
| ;<br>;  | O NOT WICH  | 114 11110 017  | <b>10</b> L                         | 4. FEI Number 23-28833           |                                   | ₺ \$8.7                  | Applied For Not Applicable  Additional |
|   | 6. Name and Address of Current Re   | anictared Agent  |                                     | 5. Certificate of                | Status Desired                    |                          | Regulred                               |
| 1200 SOU  | ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324                             | )  |                                     |                                  | OT WE                             | 2.0                      | na godin                               |
|   | named entity submits this statement for toons of registered agent.          | he purpose of changing its regi                            | stered office or registe            | red agent, or both,              | in the State of Florid            | a. I am famille          | or with, and accept                    |
| SIGNATURE Signature, typed or primed name of registered agent and little if applicable. |   |  |                                     |                                  | <u>  U0000052<br/>95/03/06-80</u> |                          | 500.00                                 |
| FILE NOWIII FEE IS \$500.00<br>After May 1, 2006, Fee will be \$900.00                  |   |  |                                     |                                  |                                   | ì                        |  |
|   | A GENERAL PARTNER TH<br>NOTE: General Partners MAY                          | AT IS A BUSINESS ENTITY NOT be changed on the fo           | Y MUST BE REGIS<br>orm; an amendmen | TERED AND AC<br>at must be filed | TIVE WITH THIS<br>to change a gen | OFFICE.<br>eral partner. | ·                                      |
| 12.   | GENERAL PARTNER   | NFORMATION   |                                     |                                  |                                   | ; -                      |  |
| DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZBP   | P84000082800<br>TOLL FL GP CORP.<br>250 GIBRALTAR ROAD<br>HORSHAM, PA 19044 | - (* <del>- · ·</del> · · · · · · · · · · · · · · · · ·    |                                     |                                  |                                   | )<br>                    | 7.4                                    |
| Document 1<br>Name<br>Street Address<br>City-St-Zip                                     |   |  |                                     |                                  | :                                 | 1                        | ·                                      |
| DOCUMENT * NAME STREET ADDRESS CITY-ST-LIF  |   | , , , , , , , , , , , , , , , , , , ,                      |                                     |                                  | OT WR                             | 1                        | \$                                     |
| DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP   |   |  |                                     | IN TH                            | IIS SPA                           | CE                       |  |
| DOCUMENT /  |   | <del>-</del>   |                                     |                                  | · -                               |                          |  |

CNY-51-21P 14. Thereby certify that the information supplied with this thing 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 popular required by Chapter 629, Florida Statutes

Mark J. Warshauer, VP of Toll FL GP Corp., General Partner

SI GP CO SIGNATURE:

MAME STREET ADDRESS CSTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

215-938-8000

Date

Daytima Phone #