2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED **DOCUMENT # A97000000891** 06 MAY -1 AM 8: 42 1. Entity Name PEABODY HOTELS, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address P.O. BOX 940 2800 DELANO STREET PENSACOLA, FL 32505 GULF BREEZE, FL 32562-0940 2. Principal Place of Business 3. Mailing Address Palatox P South Suite, Apt. #, etc. 03292006 Chg-LP CR2E003 (11/05) 500 City & State 4. FEI Number Applied For 59-3476836 Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRANNEN, DAVID A P. O. BOX 940 GULF BREEZE, FL 32562-0940 ካይያራሳህ 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. David A Brances *31*31106 SIGNATURE 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. P97000028546 DOCUMENT # STREET ADDRESS NAME BRANNEN HOLDINGS OF PEABODY, INC. STREET ADDRESS P.O. BOX 940 CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE, FL 32562 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 500075013105 05/22/06==01007==019 ***\$00.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP STAPLE CHECK HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 David A Brannen SIGNATURE!

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER