2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED **DOCUMENT # A97000001005** 1. Entity Name 06 MAY - 1 AM '8: 36 CRYSTAL COURT PROPERTIES, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 5312 SPRING HILL DRIVE 5312 SPRING HILL DRIVE SPRING HILL, FL 34606 SPRING HILL, FL 34606 3. Mailing Address 109 W. Commercial St 2. Principal Place of Business 109 W. Commercia Suite, Apt. #, etc. 04252006 Chg-LP CR2E003 (11/05) Sity & State SAN FUR d City & State San ford 4. FEI Number Applied For 31-1575487 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Seminole Seminole 3277 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barca Realit REGISTERED CORPORATE AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 612 S. MLK JR. AVE. CLEARWATER, FL 33756 Zip Code 3277/ Spn-Yord 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. J. STEPHEN MILLEL 4-25-06 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. 13. DOCUMENT # P97000040147 STREET ADDRESS Street BARON CAPITAL LIX, INC. NAME STREET ADDRESS 15855 FARMINGTON ROAD CITY-ST-ZIP CITY-ST-7/P LIVONIA, MI 48154 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-7iP CITY-ST-ZIP 300075019653 05/22/06--01021--019 **500.00 **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS 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 filling 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 4076887362 JI STEPHEN MILLER 4-25-06 SIGNATURE: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER