2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A97000001035** 1. Entity Name **RETLAW LIMITED PARTNERSHIP** 06 MAR -3 AM 10: 03 Principal Place of Business Mailing Address TTYL BAYSHORE BOULEVARD UNIT A-15) CLEARWATER, PL 33759 800 SNUG ISLAND **CLEARWATER, FL 33767-1833** 2. Principal Place of Business 800 Snug Island 3. Mailing Address Suite, Apt. #, etc. 03032006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For Clearwater. 59-3446374 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RENALT CORPORATION THEAVSHORE BOULEVARD UNITA 15. Street Address (P.O. Box Number is Not Acceptable) 800 Snug Island Zip Code 73767-1833 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. P97000040561 DOCUMENT / 800 Snus Island STREET ADDRESS RENALT CORPORATION NAME 1911 BAYSHORE BOUDEVARD UNIT AUS CLEARWATER, FL 34619 STREET ADDRESS CITY-ST-ZIP Clearwater, FL 33767-1833 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 700068093407 03/29/06 01014 027 **500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME (STREET ADDRESS CITY-ST-ZIP CITY-ST-P 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 Harvey F. Gortner-V.P. 3/3/06 727/461-6919

TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER