2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

While

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

oberta

SIGNATURE: 4

FILED **DOCUMENT # A97000001136** 06 MAY -1 PM 2: 3% WELCH INVESTMENTS OF SARASOTA, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 700 JOHN RINGLING BLVD, #E315 700 JOHN RINGLING BLVD, #E315 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 700 John Ringling Blvd. 1590 First Street Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chq-LP CR2E003 (11/05) City & State City & State Applied For 4. FEI Number Sarasota, FL Sarasota, FL 65-0752220 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 34236 Fee Required 34236-8502 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELCH, ROBERTA Street Address (P.O. Box Number is Not Acceptable) 700 John Ringling Boulevard 700 JOHN RINGLING BLVD, #E315 SARASOTA, FL 34236 City Zip Code 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 little if applicable DATE 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. DOCUMENT# STREET ADDRESS 700 John Ringling Boulevard NAME WELCH, ROBERTA STREET ADDRESS 700 JOHN RINGLING BLVD, #E315 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34236 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 400075015924 05/22/06--01016--022 ***500.00 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 CHECK STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - 75P 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

Roberta Welch

4/26/06

941-366-6380

Daytime Phone #