2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

FILED Jan 27, 2006 08:00 AN Secretary of State DOCUMENT # A97000001814 1. Entity Name SNOEBLEN, LTD. Principal Place of Business Mailing Address 1316 WEST KALEY AVE. 1316 WEST KALEY AVE. ORLANDO FL 32805 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 59-3478500 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, PAMELA O Street Address (P.O. Box Number is Not Acceptable) 301 E. PINE STREET, SUITE 1400 ORLANDO FL 32801 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, typed or printed name of registered agent and title if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 12. ADDRESS CHÄNGES ONLY DOCUMENT # P97000072779 STREET ADDRESS NAME SNOEBLEN, INC. TITULDUU404577 STREET ADDRESS 1316 WEST KALEY AVE. CITY-ST-ZIP 02/07/06-80004-018 500.00 CITY-ST-ZIP ORLANDO FL 32805 DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<u>Jan. 18,2006</u>

Jacquolyn M. Snoeblen

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: 🗘