2006 LIMITED PARTNERSHIP ANNUAL REPORT

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or the receiver or trustee empowered to execute

SIGNATURE: .

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Due By May 1, 2006 **DOCUMENT # A97000002055** 1. Entity Name VANDERBILT REAL ESTATE HOLDINGS, LTD. 06 APR 24 AM 10: 19 Mailing Address Principal Place of Business 1395 PANTHER LN 4501 TAMIAMI TRAU NORTH, SUITE 300 STE. 300 NAPLES, FL 34013 NAPLES, FL 34109-7875 2. Principal Place of Business 3. Mailing Address 1395 Panther Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-LP CR2E003 (11/05) #300 City & State City & State 4. FEI Number Applied For Naples, FT. 58-2376109 Not Applicable Country Zip Country \$8.75 Additional -5. Certificate of Status Desired-34109 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAINES, TIMOTHY G Street Address (P.O. Box Number is Not Acceptable) 1395 PANTHER LANE STE. 300 NAPLES, FL 34109-7875 Zip Code City 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, DATE FILE NOWIII 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. P97000071415 DOCUMENT # STREET ADDRESS NAME VANDERBILT ENTERPRISES, INC. STREET ADDRESS 1395 PANTHER LANE, STE. 300 CITY-ST-ZIP 800074178038 CITY-ST-ZIP NAPLES, FL 341097875 05/08/06--01011--016 **500.00 DOCUMENT # STREET ADORESS NAME 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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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 port 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