## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DIVISION OF CORPORATIONS DOCUMENT # A9700002222 GEORGE C. CLARK INVESTMENTS, LTD. 06 APR -7 AM 9: 13 Principal Place of Business Mailing Address 13770 58TH ST. N 2341 HAITIAN DR., APT. 21 CLEARWATER, FL 33763 STE. 304 CLEARWATER, FL 33760 Principal Place of Business 3. Mailing Address 70 58+17 St N Suite, Apt. #, etc. 03282006 Chg-LP CR2E003 (11/05) City & State 4. FEI Number Applied For 59-3475617 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAC hen SKALSKI, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 13770 58TH ST. N STE 304 CLEARWATER, FL 33760 8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of regis SIGNATURE FILE NOW!!! FPE 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # P97000086215 STREET ADDRESS GEORGE C. CLARK ENTERPRISES, INC. NAME STREET ADDRESS 13770 58TH ST. N., STE 304 CITY-ST-ZIP CITY-ST-ZIF CLEARWATER, FL 33760 DOCUMENT # STREET ADDRESS NAME 500072408365 STREET ADDRESS 04/27/06--01038--024 \*\*500.00 CITY-ST-ZIP CITY-ST-7IP 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-7IP CITY-ST-ZIP OOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP updlied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information curate 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 to execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true and or the receiver or trustee empower SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #