2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED **DOCUMENT # A97000002345** 06 JUN -2 AM 9:46 1. Entity Name COON LIMITED SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 888 S. ANDREWS AVE., STE. #204 888 S. ANDREWS AVE., STE. #204 FORT LAUERDALE, FL 33316 FORT LAUERDALE, FL 33316 03302006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0895906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COON, THOMAS T JR DO NOT WRITE 888 S. ANDREWS AVE., STE. #204 FORT LAUERDALE, FL 33316 IN THIS SPACE 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 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. GENERAL PARTNER INFORMATION 12, P97000042678 DOCUMENT # NAME COON JETT, INC. STREET ADDRESS 888 S. ANDREWS AVE., STE. #204 CITY-ST-ZIP FORT LAUERDALE, FL 33316 500075894975 06/06/06--01060--017 **500,00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS HERE CITY-ST-ZIP DOCUMENT # CHECK NAME STREET ADDRESS CITY-ST-ZIP щ DOCUMENT # NAME SIREET 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 eath; 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

SIGNATURE: