2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A97000002391 06 APR 24 AM 10: 42 FORÉST LAKES SHOPPING PLAZA LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 325 SOUTH GULFVIEW BLVD. 325 SOUTH GULFVIEW BLVD. CLEARWATER, FL 33755 CLEARWATER, FL 33755 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 CR2E003 (11/05) Chg-LP 3705 Tampa Road, Rowle 14 3705 Tompa Road, Rolle 1A Applied For City & State 4. FEI Number OI dsmar Oldsmar, 59-3497410 Not Applicable Country Country \$8.75 Additional Zio Zio 5. Certificate of Status Desired BBU $\Gamma\Gamma U u u otag$ Fee Required ろみしつつ USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OROSZ EDITH OROSZ, EDITH Street Address (F.O. Box Number is Not Acceptable) 3705 Tampa Road Route 325 SOUTH GULFVIEW BOULEVARD CLEARWATER, FL 33755 Zip Code DIGEMAR 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. 02m2 Signature, typed or printed name of registered agent and tide if applicable 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 ADDRESS CHANGES ONLY 12. G84864 DOCUMENT # STREET ADDRESS 3705 Tampa Road - Route 1A AMERICANA EAST INVESTMENTS, INC. NAME STREET ADDRESS 325 S. GULFVIEW BLVD. CITY-ST-7IP DIDEMAN, FL 34677 CITY-ST-ZIP CLEARWATER BEACH, FL 33767 DOCUMENT # STREET ADORESS 3705 Tampa Road-Roote 1A BOLDOG, CLARA NAME STREET ADDRESS 325 S. GULFVIEW BLVD. CITY-ST-ZIP Oldsmar, FL 34677 CITY - ST - ZIP CLEARWATER BEACH, FL 33767 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 500074078075 05/05/06--01045--003 **500.00 STREET ADORESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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

-aldon

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING PENERAL PARTNER