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

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SIGNATURE:

## ONISIONE POR TAILE STATE ATTOMS 06 FEB -8 Att 9:58 DOCUMENT # A97000002440 RISE SMART DEVELOPMENT, LTD. Principal Place of Business Mailing Address C/O DIETER A. THIEMAN C/O DIETER A. THIEMAN 11380 PROSPERITY FARMS ROAD, #110A 11380 PROSPERITY FARMS ROAD, #110A PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FE! Number 65-0792168 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THIEMANN, DIETER Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD SUITE 110A PALM BEACH GARDENS, FL 33410 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 DATE Signature, typed or printed name of registered agent and title 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 12. 13. ADDRESS CHANGES ONLY P97000095772 DOCUMENT # STREET ADDRESS RISE SMART DEVELOPMENT INC. NAME 11380 PROSPERITY FARMS ROAD #110A STREET ADDRESS City-St-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 DOCUMENT # STREET ADDRESS 500066122335 02/17/06--01010--025 \*\*5 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-17-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER