2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # A97000002440 2007 MAR -7 AM 10: 38 RISE SMART DEVELOPMENT, LTD. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 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 - No P.O. Box # 3. Mailing Address 1138D PROSPERITY FARMS RD 11380 PROSPERITY FARMS RD Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-LP CR2E003 (12/06) SUITE SUITE 215 City & State City & State 4. FEI Number Applied For PRIM BEACH PALM BEACH 65-0792168 GARDENS GARDENS FL Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33410 33410 U SA นรค Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THIEMANN DIETER THIEMANN, DIETER Street Address (P.O. Box Number is Not Acceptable)
11380 PROSPERITY FARMS 11380 PROSPERITY FARMS ROAD RD. SUITE 110A PALM BEACH GARDENS, FL 33410 City Zip Code 33410 PALM BEACH GARDENS 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, 2007, 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 P97000095772 DOCUMENT A STREET ADDRESS NAME RISE SMART DEVELOPMENT INC. 11380 PROSPERITY FARMS RD SUITE 215 STREET ADDRESS 11380 PROSPERITY FARMS ROAD #110A City-St-ZIP CITY-ST-ZIF PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS FL 33410 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME 5) REET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 100092351921 03/13/07--01020--025 **\$00.00 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. SIGNATURE: S TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

ETER A. THIEMANN