## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Apr 25, 2006 08:00 Al Secretary of State DOCUMENT # A97000002443 SEA OAKS INVESTMENT GP, LTD. Principal Place of Business Mailing Address 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963 VERO BEACH, FL 32963 01102006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0824150 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRION, JACQUES DO NOT WRITE 1235 WINDING OAKS CIRCLE VERO EACH, FL 32963 IN THIS SPACE 3. 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. U000000533541 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. L97000001254 DOCUMENT # NAME SEA OAKS INVESTMENT GP, L.C. STREET ADDRESS 1235 WINDING OAKS CIRCLE EAST CITY-ST-ZIP VERO BEACH, FL 32963 DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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 equired by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER