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

CHECK

STAPLE

SIGNATURE:

## Apr 25, 2006 08:00 Al Secretary of State DOCUMENT # A97000002444 1. Entity Name SEA ÓAKS INVESTMENT, LTD. Mailing Address Principal Place of Business 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963 VERO BEACH, FL 32963 01102006 No Cha-LP GR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0826328 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 BEACH, 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. SIGNATURE 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, A97000002443 DOCUMENT # SEA OAKS INVESTMENT GP, LTD. U00000533539 NAME 05/06/06-80128-012 500.00 STREET ADDRESS 1235 WINDING OAKS CIRCLE EAST CITY-ST-ZIP VERO BEACH, FL 32963 DOCUMENT # NAME STREET ADDRESS CRY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT / NAME STREET ADDRESS CATY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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 professionature 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

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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