2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A97000002626 1. Entity Name THE BEAR'S CLUB FOUNDING PARTNERS, LTD. 06 MAR 27 AM 10: 43 Principal Place of Business Mailing Address 11780 U.S. HIGHWAY ONE, SUITE 400 2000 PGA BLVD., STE. 2202 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address 2000 PGA BIUD. Suite, Apt. #, etc. 02152006 Chg-LP CR2E003 (11/05) City & State FEI Number Applied For 65-0810035 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Penistered An 6. Name and Address of Current Registered Agent Name HAILE, SHAW & PFAFFENBERGER, PA Halle, Shaw & Pfaffenberger, P.A. Street A 11780 U.S. HIGHWAY ONE, SUITE 300 660 U.S. Highway #1, 3rd Floor NORTH PALM BEACH, FL 33408 North Palm Beach, FL 33408 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. James H. Schnare II <u> 2/21/06</u> SIGNATURE 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. P97000085463 STREET ADDRESS BEAR'S CLUB MANAGEMENT CORP. NAME STREET ADDRESS 11780 U.S. HIGHWAY ONE, SUITE 400 CITY-ST-ZIE CITY-ST-ZIP NORTH PALM BEACH, FL 33408 DOCUMENT # STREET ADDRESS NAME 3000009923553 04/10/06--01020--004 **500,00 STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME4 STREET ADDRESS CITY-ST-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 SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILEU

Daytime Phone #