2007 LIMITED PARTNERSHIP ANNUAL REPORT

STAPLE CHECK

or the receiver or trustee empo

SIGNATURE:

Due By May 1, 2007 FILED **DOCUMENT # A97000002663** 2007 MAR 13 AM 10: 07 DAYCO PROPERTIES, LTD. SECRETARY OF STATE Principal Place of Business TALLAHASSÉE, FLORIDA Mailing Address 848 BRICKELL AVE., SUITE 810 848 BRICKELL AVE., SUITE 810 MIAMI, FL 33131 MIAMI, FL 33131 02202007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0805686 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little 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 GENERAL PARTNER INFORMATION 12. P96000079928 DOCUMENT # FALCON PROPERTIES, INC. NAME STREET ADDRESS 848 BRICKELL AVE., SUITE 810 000094622760 03/23/07--01048--024 **500.00 CITY-ST-ZIP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership if report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true a

ME OF SIGNING GENERAL PARTNER

Daylime Phone #