

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAY -1 AM 8:59

|                                                                                                                                                                                                                               |                                            |                                           |                                                                             |                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # A98000001801</b><br>1. Entity Name<br>CASTLE TWO, LTD.                                                                                                                                                          |                                            |                                           |                                                                             |                                  |  |
| Principal Place of Business<br>11900 BISCAYNE BLVD., SUITE 262<br>NORTH MIAMI, FL 33181                                                                                                                                       |                                            |                                           | Mailing Address<br>11900 BISCAYNE BLVD., SUITE 262<br>NORTH MIAMI, FL 33181 |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                            | 3. Mailing Address<br>Suite, Apt. #, etc. |                                                                             |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                  |                                            | City & State                              |                                                                             | 4. FEI Number<br>65-0857959                                                                                       |  |
| Zip                                                                                                                                                                                                                           |                                            | Country                                   |                                                                             | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required        |  |
| 6. Name and Address of Current Registered Agent<br><br>GREEN, PATRICIA K<br>2200 MUSEUM TOWER<br>150 WEST FLAGLER STREET<br>MIAMI, FL 33130                                                                                   |                                            |                                           |                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. |                                            |                                           |                                                                             | FL Zip Code                                                                                                       |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                    |                                            |                                           |                                                                             |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>                                                                                                                                          |                                            |                                           |                                                                             |                                                                                                                   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                            |                                           |                                                                             |                                                                                                                   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>                                                                                                                                                                                        |                                            |                                           | <b>13. ADDRESS CHANGES ONLY</b>                                             |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    | P98000046470                               |                                           | STREET ADDRESS                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          | CASTLE TWO CORP.                           |                                           | CITY - ST - ZIP                                                             |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | 11900 BISCAYNE BLVD., SUITE 262            |                                           |                                                                             |                                                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                               | NORTH MIAMI, FL 33181                      |                                           |                                                                             |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    | <del>P98000104819</del>                    |                                           | STREET ADDRESS                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          | <del>ROYAL II CORP.</del>                  |                                           | CITY - ST - ZIP                                                             | see attached                                                                                                      |  |
| STREET ADDRESS                                                                                                                                                                                                                | <del>11900 BISCAYNE BLVD., SUITE 262</del> |                                           |                                                                             |                                                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                               | <del>NORTH MIAMI, FL 33181</del>           |                                           |                                                                             |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    | L99000002148                               |                                           | STREET ADDRESS                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          | AMBLING MANGONIA, LLC                      |                                           | CITY - ST - ZIP                                                             |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                | 348-B ENTERPRISE DRIVE                     |                                           |                                                                             |                                                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                               | VALDOSTA, GA 31601                         |                                           |                                                                             |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                            |                                           | STREET ADDRESS                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                            |                                           | CITY - ST - ZIP                                                             |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                            |                                           |                                                                             |                                                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                               |                                            |                                           |                                                                             |                                                                                                                   |  |
| DOCUMENT #                                                                                                                                                                                                                    |                                            |                                           | STREET ADDRESS                                                              |                                                                                                                   |  |
| NAME                                                                                                                                                                                                                          |                                            |                                           | CITY - ST - ZIP                                                             |                                                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                |                                            |                                           |                                                                             |                                                                                                                   |  |
| CITY - ST - ZIP                                                                                                                                                                                                               |                                            |                                           |                                                                             |                                                                                                                   |  |

STAPLE CHECK HERE

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 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: Elliot Stone 4/26/06 305-891-3331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

Castle Two, Ltd.

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 07/29/1998, adopts the following certificate of amendment to its certificate of limited partnership.

**FIRST:** Amendment(s): (Indicate information being amended, added, or deleted)

→ Royal II Corp is being deleted.  
→ Dolphin Properties Investments LLC #2 is being added  
1700 NW 66 Avenue #102  
Plantation, FL 33313

**SECOND:** Effective date, if other than the date of filing: 07/15/2005

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature(s) of a general partner(s)\*:

(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign the amendment.)

William M. Murphy H.c.r.

William M. Murphy  
DOLPHIN PROPERTIES & INVESTMENTS #2 LLC.

Signature(s) of new or dissolving general partner(s), if any:

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75