2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 02, 2006 08:00 AM Secretary of State

1. Entity Name TEMPUS RESORTS REALTY, LTD.

Principal Place of Business 7380 SAND LAKE ROAD, STE. 600 ORLANDO, FL 32819

Mailing Address 7380 SAND LAKE ROAD, STE, 600 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04202006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3535539 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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	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 eyent and trie it applicable.			DATE
				5/112	
		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.				
	12.	GENERAL PARTNER INFORMATION			
	DDCUMENT I NAME STREET ADDRESS	L9900009242 TPI HOLDINGS, LLC 7380 SAND LAKE ROAD, STE. 600			
	CHY-ST-ZIP	ORLANDO, FL 32819		Uannaas:	59502
	DOCUMENT # HAME STREET ADDRESS			05/18/06-8	59502 0001-021 508.75
	CITY-ST-ZIP]			
STAPLE CHECK HERE	OBCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME		DO NOT WRITE IN THIS SPACE		
	STITET ADDITESS CALY-SI-ZIP				
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
	Document (Name Street address City-St-Op				
	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 inclicated 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				
	SIGNAT	URE: V.F	Lof General PHY Manager/MbY	4/21/04	407-226-1000
!		signature and typed or printed name of signing general pa	NINER .	Date	раунта глопа и