2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

FILED Jul 24, 2006 08:00 AM **DOCUMENT # A98000002663 Secretary of State** THE SCHREIBER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address VIRGINIA T. SCHREIBER **VIRGINIA T. SCHREIBER** 4330 DEERING ST. 4330 DEERING ST. MARIANNA, FL 32446 MARIANNA, FL 32446 07052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3541555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHREIBER, VIRGINIA T DO NOT WRITE 4330 DEERING STREET MARIANNA, FL 32446 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. U00000572243 25/06-80021-007 500.00 Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 prior notice Due by September 6, 2006 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 DOCUMENT # SCHREIBER, VIRGINIA T NAME STREET ADDRESS **4330 DEERING STREET** CITY-ST-ZIP MARIANNA, FL 32446 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

NAME STREET ADDRESS CITY-ST-ZIP