2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A9900000034

FILED Mar 26, 2006 Secretary of State

Entity Name: THE HOLY GROUND FAMILY LIMITED PARTNERSHIP

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|---------------------------------------|---|---------------------------------------|
| 252 NE 545 OLD TOWI | 5TH AVE. N, FL 32680 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| P.O. BOX 6 OLD TOWI | 607 N, FL 32680 | | | |
| FEI Number: | 59-3620441 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| The above | TH AVE. N, FL 32680 named entity s | US ubmits this statement for the p | purpose of changing its registered | d office or registered agent, or both |
| in the State | | | | |
| SIGNATUR | RE: | | | |
| | Electroni | c Signature of Registered Age | ent | Date |
| GENERAL PARTNER INFORMATION: | | | ADDRESS CHANGES ONLY: | |
| Document #: | | | | |
| Name: | MACLEOD, DON | IALD D | | |
| Address: | PO BOX 607 | | Address: | |
| City-St-Zip: | OLD TOWN, FL | | City-St-Zip: | |
| Document #: | | | | |
| Name: | MACLEOD, KIM | M | | |
| Address: | PO BOX 607 | | Address: | |
| City-St-Zip: | OLD TOWN, FL | | City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIM MACLEOD P 03/26/2006