2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A99000000496 06 APR 24 AM 10: 56 KISSIMMEE 17, LTD. Principal Place of Business Mailing Address 4776 NEW BROAD ST. 4776 NEW BROAD ST. SUITE 250 SUITE 250 ORLANDO, FL 32814 ORLANDO, FL 32814 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 Cha-LP CR2E003 (11/05) City & State Applied For City & State 4. FEI Number 59-3565574 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired m 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, ROBERT B JR, ESQ 201 S. ORANGE AVENUE, SUITE 1000 Street Address (P.O. Box Number is Not Acceptable) 4776 NEW BROAD STREET ORLANDO, FL 32801 SUITE 250 ORLANDO, FL 32814 City Zip Code 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, typed or printed name of registered agent and little if applicable DATE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P99000016228 DOCUMENT # STREET ADDRESS KISSIMMEE 17 CORPORATION NAME 4776 New Broad St. #250 STREET ADDRESS 1330 PALMETTO AVENUE Orlando, FL 32814 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP OFFICEMENT 4 800074081258 05/05/06-01049-009 **500.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does for 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 secure this report as regulred by Chapter 620, Florida Statutes or the receiver or trustee empowered to SIGNATURE: _ NTED NAME OF SIGNING GENERAL PARTNER AND TYPED OR Daytime Phone *