2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # A99000000996 1. Entity Name THE M.C. LILLY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 111 NORTH ORANGE AVE., SUITE 1200 111 NORTH ORANGE AVE., SUITE 1200 ORLANDO, FL 32801 ORLANDO, FL 32801 03082006 No Cha-LP CRZE003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3582264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LILLY, MICHAEL C DO NOT WRITE C/O MAURICE SHAMS // MORAN & SHAMS, P.A. 111 NORTH ORANGE AVENUE, SUITE 1200 IN THIS SPACE ORLANDO, FL 32801 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 title 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 12. DOCUMENT# ዝ**ን**ME LILLY, MICHAEL C STREET ADDRESS 111 NORTH ORANGE AVE., SUITE 1200 U00000488028 04/14/06-80015-025 500,00 CITY-ST-ZIP ORLANDO, FL 32801 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DODUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-Z(P DOCUMENT # MAME

14. I hereby certify that the Information supplied with this filing does not qualify 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to exacute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

Mutal Chan

3/27/06 386-254 42/4/

FILED