2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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Jan 31, 2006 08:00 AM DOCUMENT # A99000001468 Secretary of State 1. Entity Name THE DANNAHOWER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 809 S INDIAN RIVER DRIVE FORT PIERCE FL 34950 809 S INDIAN RIVER DRIVE FORT PIERCE FL 34950 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State 4. FEI Number Applied For City & State 65-0944744 Not Applica Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-DANNAHOWER, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 809 S INDIAN RIVER DRIVE FORT PIERCE FL 34950 City Zip Code 8. The above named entity submits this statement tor 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 agent and title it applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY DOCUMENT # P02000115280 STREET ADDRESS NAME DANNAHOWER HOLDINGS, INC. STREET ADDRESS 809 S INDIAN RIVER DRIVE CHY-ST-ZIP U00000409932 CITY-ST-ZIP FORT PIERCE FL 34950 02/09/06-90017-012 500.00 DOCUMENT # STRUET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP City-ST-DP OOCUMENT (STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP DOCUMENT & STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CKY-St-ZR 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 has 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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Dammahower Iffi dama (me Signature: W. II.am R. Dammahower, Paris, duct with the same legal effect as if made under oath; that I am a General Partner of the limited partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Dammahower Iffi dama (me W. II.am R. Dammahower, Paris, damage).

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