2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

HERE

CHECK

SIGNATURE AND TYPED

ED NAME OF SIGNING GENERAL PARTNER

Date

Devtime Phone #

FILED DOCUMENT # A99000001944 2007 APR 30 AM 9: 21 WEST CITY ONE FINANCIAL PLAZA, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 120 E. PALMETTO PARK ROAD, STE 410 120 E. PALMETTO PARK ROAD, STE 410 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address One Financial Plaza One Financial Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Chg-LP CR2E003 (12/06) Suite uite 10) City & State City & State 4. FEI Number Applied For auderda la 65-0996036 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 33391 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Simigran KRAngeth SIMIGRAN, KENNETH Street Address (P.O. Box Number is Not Acceptable) 120 E. PALMETTO PARK ROAD, STE 410 Financial BOCA RATON, FL 33432 102 City Zip Code 33394 Ft. Laudrdal 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 regist red agent. 4-17-07 red agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. 13. ADDRESS CHANGES ONLY P99000090114 DOCUMENT # STREET ADDRESS NAME WEST CITY ONE FINANCIAL PLAZA, INC. One Thancial Plaza Suite 102 STREET ADDRESS 120 E. PALMETTO PARK ROAD, STE 410 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME 400102355434 STREET ADDRESS 05/14/07--01071--002 **500.00 CITY-ST-ZIP CITY-ST-7/P DOCUMENT# STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 4/17 ー07 9541616-1113 SIGNATURE: