2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

SIGNATURE: _

2006 08:00 AN

	Due by May	1, 2000		Apr 24, 2000 08:00 A
1. Entity Nam	MENT # B0200000032 and capital, L.P.	27		Secretary of State
,	N PARK EAST	Mailing Address 50 MIDTOWN PARK EAST MOBILE, AL 36606	a view is notificately.	
			- <u> </u>	
DO NOT WRITE IN THIS SPACE			04192006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied For Not Applicable	
}				5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent	·	
	ORATION SYSTEM TH PINE ISLAND ROAD			DO NOT WRITE
	ION, FL 33324			IN THIS SPACE
8. The above named entity submittythis 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 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. 12. GENERAL PARTNER INFORMATION				
00CUMENT #	F02000005017	-ORIVIATION		
NAME STREET ADDRESS	SOUTHLAND CAPITAL MANAGEME 50 MIDTOWN PARK EAST	ENT, INC.		
CHY-ST ZIP	MOBILE, AL 36606	··		U00000531695
DOCUMENT #				000000531635 05/06/06-80053-022 500.00
STREET ADDRESS CITY-ST ZIP				
DOCUMENT #				=
NAME STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP				
DOCUMENT # NAME				IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP				
DOCUMENT #				
NAME STREET ADDRESS		1		
CITY ST ZIP				
DOCUMENT#		1		
STREET ADDRESS				
14. I hereby	certify that the information supplied with this	s filing does not qualify for the ex	emptions čontainė	d in Chapter 119, Florida Statutes. I further certify that the Information
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				

Welker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER