2006 LIMITED PARTNERSHIP ANNUAL REPORT

Feb 10,2006 08:00 AN Secretary of State FILED Due By May 1, 2006 DOCUMENT # B03000000105 FAIRFIELD MONTECITO L.P. Principal Place of Business Mailing Address 5510 MOREHOUSE DR., STE. 200 5510 MOREHOUSE DR., STE. 200 SAN DIEGO, CA 92121 SAN DIEGO, CA 92121 01172006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4524186 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable 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. M03000000922 DOCUMENT # NAME FF MONTECITO LLC U00000429183 02/21/06-80079-002 508.75 STREET ADDRESS 5510 MOREHOUSE DR., STE. 200 CITY-ST-ZIP SAN DIEGO, CA 92121 DOCUMENT 4 NAME STREET ADDRESS CITY_ST_7/P DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 520, Florida Statutes

Richard Swan Son

Kichand . SIGNATURE:

CHECK HERE

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NAME STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SISTING GENERAL PARTNER

Date