2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 21 AM 11:37

DOCUMENT # B04000000378

1. Entity Name
FOWLER, RODRIGUEZ, CHALOS, FLINT, GRAY, MCCOY, A'CONNER, SULLIVAN & CARROLL, LLP

Principal Place of Business	Mailing Address
400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130	400 POYDRAS STREET, 30TH FLOOR NEW ORLEANS, LA 70130

07102006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	806 Douglas Road Suite, Apt. #, etc. Suite 580
City & State	City & State Coral Gables, FL
Zip / Country	Zip / Country 33134 / U.S.

4. FEI Number 72-1113170 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUILLERMO LUIS DOMINGUEZ 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134	Name: Registered Agent Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 806 Douglas Road Suite 580 City: Coral Gables FL Zip Code: 33134

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] Assistant Secretary — 7/12/06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $900.00
On or after September 6, 2006, Fee will be $1000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	FOWLER, GEORGE J III	CITY-ST-ZIP	
STREET ADDRESS	400 POYDRAS STREET, 30TH FLOOR		
CITY-ST-ZIP	NEW ORLEANS, LA 70130		
DOCUMENT #		STREET ADDRESS	
NAME	RODRIGUEZ, ANTONIO J	CITY-ST-ZIP	
STREET ADDRESS	400 POYDRAS STREET, 30TH FLOOR		
CITY-ST-ZIP	NEW ORLEANS, LA 70130		
DOCUMENT #		STREET ADDRESS	500078284575 08/02/06--01064--006 **900.00
NAME	CHALOS, MICHAEL	CITY-ST-ZIP	
STREET ADDRESS	366 MAIN STREET		
CITY-ST-ZIP	PORT WASHINGTON, NY 11050		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 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.

SIGNATURE: [signature] — 7/12/06 — (786)264 5343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Antonio Rodriguez