2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK

SIGNATURE:

DOCUMENT # B05000000357 06 KAY - 1 AN 9: 39 ACHIEVE HEALTHCARE INFORMATION SEUSE JAINY OF CHATE TALLAHASSEE FLORIDA TECHNOLOGIES, L.P. Principal Place of Business Mailing Address 315 WEST JEFFERSON BLVD. 315 WEST JEFFERSON BLVD. SOUTH BEND, IN 46601 SOUTH BEND, IN 46601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 CR2E003 (11/05) Cha-LP 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 Zip Code City FL 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. M05000004305 DOCUMENT # STREET ADDRESS ACHIEVE HEALTHCARE INFORMATION SYSTEMS LLC NAME 7690 GOLDEN TRIANGLE DE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDEN PRAIRIE, MN 55344 DOCUMENT # STREET ADDRESS 600074621816 05/15/06--01046--004--**500.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP n this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the report as required by Chapter 620, Florida Statutes I hereby certify that the informatindicated on this report is true or the receiver or trustee empty.

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER