2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILLU Due By September 6, 2006 SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # B05000000525** 1. Entity Name 06 JUL 13 PM 8: 47 PHILLIP'S INLET, LTD. Principal Place of Business Mailing Address 3500 EASTERN BOULEVARD 3500 EASTERN BOULEVARD MONTGOMERY, AL 36116 MONTGOMERY, AL 36116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For *20-3*789*05*5 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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, typed or printed name of registered agent and title it applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 prior notice. 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 ADDRESS CHANGES ONLY 12. 13. F05000005304 DOCUMENT # STREET ADDRESS PHILLIP'S INLET MANAGEMENT, INC. NAME STREET ADDRESS 3500 EASTERN BOULEVARD CITY-ST-ZIP CITY-ST-ZIE MONTGOMERY, AL 36116 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 000077737990 CITY-ST-ZIP 07/19/06--01059--013 DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAMÉ STRIET ADDRESS City-St-7/P CITY ST. 7IP 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 trusted empowered to execute this report as required by Chapter 629. Florida Statutes