2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

Peter Title

(504) 582-1500

Daytime Phone #

Jan. 9, 2007

Date

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B06000000038 07 JAN 25 AM 7: 46 SESSIONS, FISHMAN & NATHAN, L.L.L.P. Mailing Address Principal Place of Business 15316 NORTH FLORIDA AVENUE, SUITE 100 15316 NORTH FLORIDA AVENUE, SUITE 100 TAMPA, FL 33613 **TAMPA, FL 33613** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9009 Corporate Lake Drive 9009 Corporate Lake Drive Suite, Apt. #, etc. Suite 300-S Suite, Apt. #, etc 01092007 Cha-LP CR2E003 (12/06) Suite 300-S City & State Tampa, FL City & State Tampa, FL 4. FEI Number Applied For Not Applicable 72-0507813 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33634-2367 USA 33634-2367 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Elizabeth Fite Blanco FITE, ELIZABETH K Street Address (P.O. Box Number is Not Acceptable) 15316 NORTH FLORIDA AVENUE, SUITE 100 9009 Corporate Lake Drive TAMPA, FL 33613 Suite 300-S ^{Ci}ॉamp<u>a</u> Zip Code <u> 13634–2367</u> 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE -FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS FITE-ELIZABETHIK Elizabeth file Blanco 9009 Corporate Lake Drive Suite 300-S NAME 15318 NORTH FLORIDA AVENUE, SUITE 100 STREET ADDRESS CITY - ST - ZIP Tampa, FL 33634-2367 CITY-ST-ZIP TAMPA, FL 33613. 9009 LOTPOTATE LAKE Dr. Tampa, PL. 33634 DOCUMENT # STREET ADDRESS FORSYTH, J. DAVID NAME STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500 CITY-ST-ZIP CITY-ST-ZIP NEW ORLEANS, LA 70170 DOCUMENT A STREET ADDRESS TITLE PETERS MARKE STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500 CITY-ST-ZIP CITY-ST-ZIP NEW ORLEANS, LA 70170 **-900086798639** 01/31/07--01017--005 **50 DOCUMENT # STREET ADDRESS **500.00 NAME CAROLE CUKELL NEFF STREET ADDRESS 201 ST, CHARLES AVE., SUITE 3500 CITY-ST-ZIP CITY-ST-ZIP NEW ORLEANS, LA 70170 DOCUMENT # STREET ADDRESS NAME NATHAN, MAX JR APLC STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500 CHY-ST-ZIP CITY-SI-ZIP NEW ORLEANS, LA 70170 DOCUMENT # STREET ADDRESS NAME BRAUN, JOY STREET ADDRESS 201 ST. CHARLES AVE., SUITE 3500 CITY-ST-ZIP CITY-ST-ZIP NEW ORLEANS, LA 70170 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