2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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FILED DOCUMENT # B06000000428 1. Entity Name CHARLES S. ROBERTS FUND PP, L.P. 2007 APR 30 AM 11: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 450 NORTHRIDGE PARKWAY, SUITE 300 450 NORTHRIDGE PARKWAY, SUITE 300 ATLANTA, GA 30350 ATLANTA, GA 30350 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For Not Applicable 58-2147891 Zip Country 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 CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 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 acce the obligations of registered agent. Signature, typed or printed name of registered agent and bite if applicable. DATE 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY F06000007391 DOCUMENT # STREET ADDRESS ROBERTS PROPERTIES, INC. NAME STREET ADDRESS 450 NORTHRIDGE PARKWAY, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30350 DOCUMENT # 05/15/07--01047--009 **500.00 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 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:

O OR PRINTED NAME OF SIGNING GENERAL PARTNER