2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

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FILED DOCUMENT # B9700000702 2007 APR 30 AM 11: 18 1. Entity Name OSCEOLA DEVELOPMENT PROJECT, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 18745 S.E. FEDERAL HIGHWAY 18745 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Clematis St. 416 416 Clematis Suite, Apt. #, etc 02202007 Chg-LP CR2E003 (12/06) 4. FEI Number Applied For City & State 65-0783803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBENFELD, DAREN 18745 SE FEDERAL HIGHWAY TEQUESTA, FL 33469 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 name of registered agent and title if applicable 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 ADDRESS CHANGES ONLY 12. 13. P97000064547 DOCUMENT # STREET ADDRESS Clematis OSCEOLA TRACE DEVELOPMENT CORPORATION STREET ADDRESS 18745 S.E. FEDERAL HIGHWAY CITY-ST-ZIP ÇITY-ST-ZIP TEQUESTA, FL 33469 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 0) SIGNATURE: SIGNATURE AN Daytime Phone # YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER