2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING GENERAL PARTNER

Mar 28, 2006 08:00 AM Secretary of State DOCUMENT # B98000000518 1. Entity Name HARVARD FAMILY INVESTMENTS, L.P. Principal Place of Business Maifing Address 2714 NINTH STREET NORTH 2714 NINTH STREET NORTH ST. PETERSBURG, FL 33704 ST. PETERSBURG, FL 33704 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. 02072006 CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 59-3349094 Not Applicable Ζĵρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAMOND, SANDRA F Street Address (P.O. Box Number is Not Acceptable) 7843 SEMINOLE BLVD. SEMINOLE, FL 33772 City Zip Code 6. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY F98000004726 DOCUMENT 4 STREET ADDRESS: HARVARD MANAGEMENT GROUP, INC. STREET ACCRESS 2714 NINTH STREET NORTH CHY-SI-DP CITY-ST-ZIP ST. PETERSBURG, FL 33704 000000482707 04/11/06-80087-005 500.00 DOCUMENT # STREET AUDRESS NAME STREET ADDRESS CITY-ST-ZIP D77-S7-70 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-AP CITY-ST-AP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP DOCUMENT# STREET ASDRESS STREET ADDRESS CHY-SI-ZP City-St-Zip 14. 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 it made under eath; 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

FILED