2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B98000000554

FILED Feb 17, 2006 Secretary of State

Entity Name: THE JAMES C. GALLO AND MELINDA B. GALLO FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business: New Principal Place of Business:

7430 WATER FALL TRAIL 3744 WOODLAKE DRIVE CHAGRIN FALLS, OH 44022 BONITA SPRINGS, FL 341234

Current Mailing Address: New Mailing Address:

7430 WATER FALL TRAIL
CHAGRIN FALLS, OH 44022
3744 WOODLAKE DRIVE
BONITA SPRINGS, FL 34134

FEI Number: 31-1572097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSSIN, DON
2640 GOLDEN GATE PKWY., #206
NAPLES, FL 341053203 US

ROSS, DON
599 NINTH STREET NORTH
NAPLES, FL 34102 US

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.

SIGNATURE: DON ROSS 02/17/2006

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: GALLO, JAMES C

Address: 7430 WATER FALL TRAIL Address: 3744 WOODLAKE DRIVE
City-St-Zip: CHAGRIN FALLS, OH 44022 City-St-Zip: BONITA SPRINGS, F 34134

Document #:

Name: GALLO, MELINDA B

Address: 7430 WATER FALL TRAIL
City-St-Zip: CHAGRIN FALLS, OH 44022
Address: 3744 WOODLAKE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JAMES C. GALLO 02/17/2006