

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY -1 AM 8:43

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|--|--|---|--|--|--|
| DOCUMENT # B99000000128 1. Entity Name ROLLING GREENS MHP, L.P. | | | | | |
| Principal Place of Business C/O IVY FINANCIAL SERVICES 525 UNIVERSITY AVENUE, #610 PALO ALTO, CA 94301 | | | Mailing Address C/O IVY FINANCIAL SERVICES 525 UNIVERSITY AVENUE, #610 PALO ALTO, CA 94301 | | |
| 2. Principal Place of Business 575 High Street Suite, Apt. #, etc. Suite 350 City & State | | 3. Mailing Address 575 High Street Suite, Apt. #, etc. Suite 350 City & State | | | |
| Zip _____ Country _____ | | Zip _____ Country _____ | | 4. FEI Number 04132006 Chg-LP CR2E003 (11/05) 98-1098878 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FORD, JIM 6300 QUEENSBURY BLVD. SARASOTA, FL 34231 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 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. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | THE BEN F. IVY LIVING TRUST BY BEN F. TRUSTEE 525 UNIVERSITY AVENUE, #610 PALO ALTO, CA 94301 | | STREET ADDRESS CITY - ST - ZIP | 575 High Street, #350 | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | | STREET ADDRESS CITY - ST - ZIP | 600075028126 05/22/06--01045--001 **3000.00 | |
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| 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 | | | | | |
| SIGNATURE: <u>Catherine E. Ivy, Co-Trustee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | 4/20/06 6503283800 <small>Date Daytime Phone #</small> | | |

Catherine E. Ivy, Co-Trustee of the Ben F. Ivy Living Trust

STAPLE CHECK HERE