2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A00000000127 05 MAR 10 AM 9: 24 DIAMANT FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 8 HARBOUR HOUSE 20 EAST 35TH STREET KEY LARGO, FL 33037 APT. 14C NEW YORK, NY 10016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 01172005 CR2E003 (10/03) City & State City & State 4. FEI Number Applied For .65-0981581 Not Applicable Zip 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 Namo DIAMANT, ENA 8 HARBOUR HOUSE Street Address (P.O. Box Number is Not Acceptable) KEY LARGO, FL 33037 City 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. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$40.00 as Snown on record. in FLORIDA to date. 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 DOCUMENT # STREET ADDRESS NAME DIAMANT, ENA STREET ADDRESS 8 HARBOUR HOUSE CITY-SI-ZIP CITY-ST-ZIP KEY LARGO, FL 33037 DOCUMENT # 800048581328 STREET ADDRESS NAME STREET ADDRESS CITY, ST-ZIP. CITY - ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CRY-ST-7P CITY-ST-ZIP STAPLE DOCUMENT' validad at STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP 19. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: OF SIGNING GENERAL PARTNER,