2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED DOCUMENT # A0200000142 06 MAY -1 PM 1 28 LINSÉY ENTERPRISES LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address C/O ENGELBERG & MILGRIM, P.L. C/O ENGELBERG & MILGRIM, P.L. 3230 STIRLING ROAD, SUITE 1 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address c/o Morris Engelberg, Esq. c/o Morris Engelberg, Esq. Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chq-LP CR2E003 (11/05) 4040 Sheridan Street 4040 Sheridan Street City & State City & State 4. FEI Number Applied For Hollywood, Florida Hollywood, Florida 90-0004777 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33021 USA Fee Required 33021 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGELBERG, MORRIS Street Address (P.O. Box Number is Not Acceptable) C/O ENGELBERG & MILGRIM, P.L. 4040 Sheridan Street 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 Hollywood ffice or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. SIGNATURE Morris Engelberg, Esq. 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 ADDRESS CHANGES ONLY DOCUMENT # P02000010781 STREET ADDRESS 4040 Sheridan Street NAME LINSEY ENTERPRISES, INC. STREET ADDRESS 3230 STIRLING ROAD, SUITE 1 CITY-ST-ZIP CITY-ST-ZIP Hollywood, Florida HOLLYWOOD, FL 33021 33021 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 600075025316 CITY-ST-ZIP CITY-ST-ZIP 05/22/06--01033--018 **500.00 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 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 INC., General Partner 14. I hereby certify that the information supplied with

INC., General Partner

TURE AND TYPED OR PRINTED NICHE OF SIGNING GENERAL PARTNER

Morris Engelberg, Secretary 03/27/2006 954-966-3900

SIGNATURE: By: