

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|                                                            |                                                                                    |
|------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> A05000000027                             |  |
| 1. Entity Name<br><b>SIMONS FAMILY LIMITED PARTNERSHIP</b> |                                                                                    |

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br><b>3864 SHERIDAN STREET<br/>HOLLYWOOD FL 33021</b> | Mailing Address<br><b>3864 SHERIDAN STREET<br/>HOLLYWOOD FL 33021</b> |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>56-2430138</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|                                                                            |  |                                                    |             |
|----------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent                            |  | 7. Name and Address of New Registered Agent        |             |
| <b>SIMONS, DAVID J ESQ<br/>3864 SHERIDAN STREET<br/>HOLLYWOOD FL 33021</b> |  | 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.

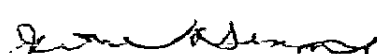
|                                                                                                                 |            |
|-----------------------------------------------------------------------------------------------------------------|------------|
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
|-----------------------------------------------------------------------------------------------------------------|------------|

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P02000118368<br>HANDI-SIM, INC.<br>3864 SHERIDAN STREET<br>HOLLYWOOD FL 33021 | STREET ADDRESS<br>CITY-ST-ZIP | U000000500801<br>04/25/06-88034-024-500.00 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | STREET ADDRESS<br>CITY-ST-ZIP |                                            |

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:**  **JEROME A. SIMONS** **4/7/06 (954) 963-2225**

STAPLE CHECK HERE