2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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SIGNATURE:

DOCUMENT # A05000002009 06 JUL 28 AM 9:0% BERAJA INVESTMENTS II, LTD. Principal Place of Business Mailing Address 2550 DOULGAS ROAD, FIRST FLOOR 2550 DOULGAS ROAD, FIRST FLOOR CORAL GABLES, FL 33134-6126 CORAL GABLES, FL 33134-6126 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 Chg-LP CR2E003 (11/05) 4. FEI Number 20-3752047 Applied For City & State City & State Not Applicable 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 LEVIN, STANTON G ESQ. 1570 MAGRUGA AVENUE, SUITE 311 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33146 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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 13. P05000143119 DOCUMENT # STREET ADDRESS BERAJA INVESTMENTS II, INC. NAME 2550 DOULGAS ROAD, FIRST FLOOR STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP CORAL GABLES, FL 331346126 900078467299 08/08/06--01026--012 ***50 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS 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