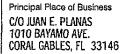
2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED

May 01, 2006 08:00 A **Secretary of State**

DOCUMENT # A96000000294

THE PLANAS FAMILY LIMITED PARTNERSHIP



Mailing Address C/O JUAN E. PLANAS 1010 BAYAMO AVE. CORAL GABLES, FL 33146



DO NOT WRITE IN THIS SPACE

04222006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0628290 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLANAS, JUAN E 1010 BAYAMO AVENUE CORÂL GABLES, FL 33146

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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, typed or printed name of registered agent and title if applicable

> FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

131-001 50.00 E

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 |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY: ST-ZIP | PLANAS, JUAN E 1010 BAYAMO AVE. CORAL GABLES, FL 33146 |
| DOGUMENT # NAME STREET ADDRESS GITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
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14. 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 thy 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 precipt this peport as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER