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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # A98000001113 1. Entity Name GALI, LTD Principal Place of Business Mailing Address 1680 MICHIGAN AVENUE, SUITE 1104 MIAMI BEACH FL 33139 355 WASHINGTON AVENUE MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & Slate City & State 4. FEI Number Applied For 65-0848424 Not Applicable Zin Country Zio 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 Name MARTINEZ, LAZARO W Street Address (P.O. Box Number is Not Acceptable) 1680 MICHIGAN AVENUE, SUITE 1104 MIAMI BEACH FL 33139 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, typed or printed name of registered agent and title if applicable 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 ADDRESS CHANGES ONLY DOCUMENT A P98000040220 STREET ADDRESS NAME OPIE, INC. STREET ADDRESS 1680 MICHIGAN AVENUE, SUITE 1104 CHY-ST-789 CHY-ST-ZIP MIAMI BEACH FL 33139 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP U00000553700 CITY-ST-7IP 05715/06-80063-012 500.00 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certily 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