2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # B97000000117

1. Entity Name

BROWARD INTERNATIONAL COMMERCE PARK, LIMITED PARTNERSHIP

Principal Place of Business

C/O DANTO INVESTMENT COMPANY 1700 STUTZ DRIVE, NO. 25 TROY, MI 48084 Mailing Address

C/O DANTO INVESTMENT COMPANY 1700 STUTZ DRIVE, NO. 25 TROY, MI 48084 FILED
Apr 17, 2006 08:00 Al
Secretary of State



DO NOT WRITE IN THIS SPACE

04072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 38-3336720

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND ST., STE. 3500 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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.		
The configuration of regiments and the configuration of the configuratio		
SIGNATURE Signature, typod 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		
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	F92000000668 DANTO INVESTMENT COMPANY 1700 STUTZ DRIVE, NO. 25 TROY, MI 48084	1J00000514572
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		000000514572 04/29/06-80171-024 500.00
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
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 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 ampowered to execute this report as required by Chapter 820, Florida Statutes		

SIGNATURE:

STAPLE CHECK HERE

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/06

248-649-4770

Daytime Phone #