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

Feb 03, 2006 08:00 AM DOCUMENT # A96000000545 Secretary of State 1. Entity Name 5737 OKEECHOBEE BOULEVARD, LTD. Principal Place of Business Mailing Address 166 HARVARD DRIVE LAKE WORTH FL 33460 166 HARVARD DRIVE LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 65-0652001 Not Applicable Zip Country 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 SPINELLI, PHILIP V 166 HARVARD DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice 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 publied name of registered agent and title if applicable 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 ADDRESS CHANGES ONLY DOCUMENT # P96000024701 STREET ADDRESS MANS 5737 OKEECHOBEE BOULEVARD, INC. STREET ADDRESS 166 HARVARD DRIVE CHTY-ST-7/P U000000417658 CITY-SI-ZIP LAKE WORTH FL 33460 02/13/06-80062-025 500.33 OOCUMENT # STREET ADDRESS NAME STREET ADDRESS COTY-SI-ZIP CUTY-ST-ZIP OCCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-SI-ZIP DOCUMENT # STREET ADDRESS STREET ADURESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # STRUET ADDRESS STREET ADDRESS £217-ST-72P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY- ST- 7P CITY-ST-ZIP

FILED

SIGNATURE: JUNE PHILIP V. SPINELY Z/1/06 561:582.279 6

14. Thereby certify that the information supplied with this fitting 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 thingeport as required by Chapter 620, Florida Statutes

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