2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A02000000718

1. Entity Name
22 PARK & SHOP LTD.

06 FEB -8 AM 9:58

Principal Place of Business	Mailing Address
4031A WILLIAM PENN HIGHWAY MONROEVILLE, PA 15146	2851 SOUTH OCEAN BLVD., #7B BOCA RATON, FL 33432

02032006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Boca Raton FL
Zip / Country	Zip: 33486 / Country: US

4. FEI Number: APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALVERT, STACY 1222 NW 14TH ST. BOCA RATON, FL 33486	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: Stacy Calvert — DATE: 2/3/06
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

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME: HOCHHAUSER, BYRON L STREET ADDRESS: 2851 SOUTH OCEAN BLVD., #7B CITY-ST-ZIP: BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: CALVERT, STACY STREET ADDRESS: 1222 N.W. 14TH PLACE CITY-ST-ZIP: BOCA RATON, FL 33486	STREET ADDRESS: 200006125902 02/17/06--01013--003 **500.00 CITY-ST-ZIP
DOCUMENT # NAME: KAVANAGH, JORDANNA STREET ADDRESS: 9464 STATE ROUTE 68 CITY-ST-ZIP: RUSHVILLE, OH 43447	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: DOJONOVIC, THOMAS STREET ADDRESS: 219 FIESTA DRIVE CITY-ST-ZIP: PITTSBURGH, PA 15239	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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.

SIGNATURE: Byron H — 2/3/06 — 561-367-8174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #