2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A03000000367 06 MAR 10 AM 10: 49 FINKELSTEIN ENTERPRISES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 4000 ISLAND BOULEVARD UNIT 2106 4000 ISLAND BOULEVARD UNIT 2106 AVENTURA, FL 33160 AVENTURA, FL. 33160 2. Principal Place of Business 3. Mailing Address 1475 Commodore Way 1475 Commodore Way Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For Hollywood, Florida Hollywood, Florida 14-1874772 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33019 33019 Broward Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK FINKELSTEIN FINKELSTEIN, SAMUEL 4000 ISLAND BOULEVARD UNIT 2106 Street Address (P.O. Box Number is Not Acceptable) <u>475 Commodore Way</u> AVENTURA, FL 33160 Zip Code 33019 ^cHollywood 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. March 1, 2006 SIGNATURE Signature DATE 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. P03000026628 DOCUMENT # STREET ADDRESS 1475 Commodore Way NAME FINKELSTEIN ENTERPRISES, INC. STREET ADDRESS 4000 ISLAND BOULEVARD UNIT 2106 CITY-ST-ZIP CITY-ST-ZIP Hollywood, Florida 33019 AVENTURA FL 33160 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 300068094503 CITY-ST-ZIP 03/20/06--01016--008 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 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST4 ZIP

seles March 1, 2006 954-214-5530 SIGNATURE: YATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

14. I Vereby 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 cath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Daysime Phone #