## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE:

## Due By May 1, 2006 **FILED** DOCUMENT # A98000002273 Apr 25, 2006 08:00 Al APSecretary of State 1035 LINCOLN ROAD, LTD. Principal Place of Business Mailing Address C/O IONATHAN FRYD C/O JONATHAN FRYD **523 MICHIGAN AVENUE 523 MICHIGAN AVENUE** MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04242006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEi Number Applied For 65-0878737 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRYD, JONATHAN DO NOT WRITE 523 MICHIGAN AVE. MIAMI BEACH, FL 33139 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. Signature, typed or printed name of registered agent and life 4 applica NOODUUZSSE BALL ok/o6/06-80131-006 500.00 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. P98000084711 DOCUMENT # 1035 L.R. CORP. NAME STREET ADDRESS **523 MICHIGAN AVENUE** CITY-ST-ZIP MIAMI BEACH, FL 33139 DOCUMENT # NAME STREET ADDRESS City-ST-7IP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED THE OF SIGNING GENERAL PARTNER Daytime Phone #