2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

May 02, 2006 08:00 AN Secretary of State **DOCUMENT # A95000001992** 1. Entity Name CEJÁS HERITAGE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 420 LINCOLN ROAD, SUITE 330 PO BOX 191679 MIAMI BEACH, FL 33139 MIAMI, FL 33119-1679 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0646374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PLC INVESTMENTS, INC. 420 LINCOLN ROAD, SUITE 330 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33139 City 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 Flortda. I am familiar with, and accept the obligations of registered agent. 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 the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION P95000096282 DOCUMENT # STREET ADDRESS CEJAS HERITAGE INVESTMENTS, INC. NAME STREET ADDRESS 420 LINCOLN ROAD, SUITE 330 CITY-ST-ZIP City-ST-ZiP MIAMI BEACH, FL 33139 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 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

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DOUBLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOUBLE STATES AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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 it 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 520, Florida Statutes

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