

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:31

DOCUMENT # A00000000295 1. Entity Name CORWAL, LTD.							
Principal Place of Business 21301 POWERLINE ROAD, SUITE 312 BOCA RATON, FL 33433			Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939				
2. Principal Place of Business 925 South Federal Highway		3. Mailing Address					
Suite, Apt. #, etc. Suite 425		Suite, Apt. #, etc.					
City & State Boca Raton, FL		City & State		4. FEI Number 65-0995152			
Zip 33432		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SHAPIRO, MICHAEL B C/O SHAPIRO & DECTOR, P.A. 7777 GLADES ROAD, SUITE 200 BOCA RATON, FL 33434			7. Name and Address of New Registered Agent Name Shapiro, Michael B Street Address (P.O. Box Number is Not Acceptable) c/o Shapiro, Blasi, Wasserman & Gora, PA 777 Glades Road, Suite 400 City Boca Raton FL Zip Code 33434				
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 Michael B Shapiro 3/13/06							
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			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P00000015664		STREET ADDRESS	925 South Federal Highway, Suite 425			
NAME	CS WAL REALTY, INC.		CITY-ST-ZIP	Boca Raton, FL 33432			
STREET ADDRESS	21301 POWERLINE ROAD, SUITE 312		700072365767 04/27/06--01031--005 **500.00				
CITY-ST-ZIP	BOCA RATON, FL 33433						
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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 Steven Levin, President			3/13/06 (561) 948-7100				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #				

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