2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPL

SIGNATURE: By:

SIGNATURE AND TYPED OR PRIN

ITED NAME OF SIGNING GENERAL PARTNER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A00000000317 06 APR 10 AM 11: 17 MURDOCK ENTERPRISES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 235 S. COUNTY ROAD, SUITE 211 235 S. COUNTY ROAD, SUITE 211 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E003 (11/05) Chg-LP City & State 4. FEI Number Applied For City & State 65-0981124 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS ENGELBERG MURDOCK, NANCY Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street 235 S. COUNTY ROAD, SUITE 211 PALM BEACH, FL 33480 Zip Code 33021 Hollywood 8. The above named entity submits the statemen ce or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Morris Engelberg, 03/27/2006 Signature, typed or printed name of registered agent and title 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. 13. ADDRESS CHANGES ONLY P00000010800 DOCUMENT # STREET ADDRESS MURDOCK ENTERPRISES, INC. NAME STREET ADDRESS 235 S. COUNTY ROAD, SUITE 211 CITY-ST-ZIP CITY-ST-7IP PALM BEACH, FL 33480 DOCUMENT # 700072372517 04/27/06--01034--008 **500.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME 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-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

MURDOCK ENTERPRISES, INC., General Partner

Nancy Murdock, Secretary

<u>03/27/2006 561-832-440</u>4