
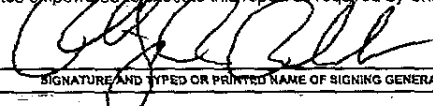


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
May 06, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------|--|---|--|
| DOCUMENT # A00000001129 | | | |  | |
| 1. Entity Name GOLDFINGER WORLDWIDE LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 1322 ALCYON CT. CARLSBAD, CA 92009 | | | Mailing Address 1322 ALCYON CT. CARLSBAD, CA 92009 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01132006 Chg-LP CR2E003 (11/05) | |
| Zip | | Country | | 4. FEI Number 91-2058130 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL 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 Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent, and state if applicable.</small> | | | | | |
| 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 # NAME STREET ADDRESS CITY - ST - ZIP | P00000068849 GOLDFINGER WORLDWIDE MANAGEMENT INC 1322 ALCYON CT. CARLSBAD, CA 92009 | | STREET ADDRESS | | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | | CITY - ST - ZIP | U00000541987 05/10/06 00075 020 500.00 | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | | STREET ADDRESS | | |
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| DOCUMENT # 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 | | | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | 3-15-06 <small>Date</small> | | |

STAPLE CHECK HERE