

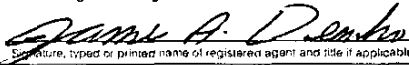



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 CORPORATIONS  
 06 FEB 20 AM 10:44

<b>DOCUMENT # A01000000646</b> 1. Entity Name <b>DEMKO FAMILY HOLDINGS, LTD.</b>					
Principal Place of Business <b>811 SE 2 TERRACE                  POMPANO BEACH, FL 33060</b>			Mailing Address <b>811 SE 2 TERRACE                  POMPANO BEACH, FL 33060</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01232006    Chg-LP    CR2E003 (11/05)	
Zip		Country		4. FEI Number <b>65-1105365</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DEMKO, JOHN WESLEY                  811 SE 2 TERRACE                  POMPANO BEACH, FL 33060</b>			7. Name and Address of New Registered Agent Name <b>James Demko</b> Street Address (P.O. Box Number is Not Acceptable) <b>811 SE 2 Terrace</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33060</b>		
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 <b>2-13-06</b>		
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L01000007432		STREET ADDRESS		
NAME	DEMKO FAMILY HOLDINGS, LC		CITY-ST-ZIP		
STREET ADDRESS	811 SE 2 TERRACE				
CITY-ST-ZIP	POMPANO BEACH, FL 33060				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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: 			DATE <b>2-13-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE