2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED May 02, 2006 08:00 AN Secretary of State Due By May 1, 2006 **DOCUMENT # A01000000753** MARÍ DON REALTY, LTD. Principal Place of Business Mailing Address 301 YAMATO ROAD, SUITE 3101 301 YAMATO ROAD, SUITE 3101 BOCA RATON, FL 33431 BOCA RATON, FL 33431 01122006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1109002 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAFFEY, DONALD H DO NOT WRITE 301 YAMATO ROAD, SUITE 3101 BOCA RATON, FL 33431 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title A 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # L01000008725 MARI DON REALTY LC NAME STREET ADDRESS 301 YAMATO ROAD, SUITE 3101 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # UQ00000558761 05/17/06-80111-005 500.00 NUME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT F STREET ADDRESS CITY-SY-ZIP DOCUMENT # NAME STREET ADDRESS

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 anythat 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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

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CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

DONALD H.