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

SECRETARY OF STATE TSTON OF CORPORATIONS 06 APR 10 AM 11: 17

DOCUMENT # DILSON INVESTMEN

Mailing Address	- T
NTS LIMITED PARTNERSHIP	
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Principal Place of Business C/O ENGELBERG, CANTOR, & MILGRIM, P.L. C/O ENGELBERG, CANTOR, & MILGRIM, P.L. 3230 STIRLING ROAD, SUITE 1 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address c/o Morris Engelberg, c/o Morris Engelberg, Esq. Esq Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 CR2E003 (11/05) Chg-LP 4040 Sheridan Street 4040 Sheridan Street City & State City & State 4. FEI Number Applied For Hollywood, Florida Hollywood, Florida 65-1123958 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33021 33021 USA US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENGELBERG, MORRIS ESQ. Street Address (P.O. Box Number is Not Acceptable) 4040 Sheridan Street C/O ENGELBERG, CANTOR, & MILGRIM, P.L. 3230 STIRLING ROAD, SUITE 1 HOLLYWOOD, FL 33021 33021 <u>o Nywood</u> 8. The above named entity submits this statement for the purpose nancing its registered registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Morris Engelberg, 03/27/2006 Signature, typed or printed name of registered agent and title if 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13 P01000072479 DOCUMENT # STREET ADDRESS 4040 Sheridan Street NAME DILSON ENTERPRISES, INC. STREET ADDRESS 3230 STRILING ROAD, SUITE 1 CITY-ST-ZIP Hollywood, Florida 33021 CITY-ST-ZIP HOLLYWOOD, FL 33021 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 200072372233 DOCUMENT # 04/27/06--01034--006 STREET ADDRESS **500.00 NAME 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-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

DALSON ENTERPRISES, INC.

SIGNATURE: By

YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

954-966-3900