2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED DOCUMENT # A0100001062 06 MAY - 13 PM 1 - 847 1 : 22 EXECUTIVE MINI SUITES, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA FECTION Principal Place of Business Mailing Address 555 S.W. 12TH AVENUE, SUITE 101 555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 01102006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber 65-1132019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J DO NOT WRITE 2701 LE JEUNE ROAD, SUITE 101 POMPANO BEACH, FL 33134 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 if 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. P01000076474 DOCUMENT # EXECUTIVE MINI SUITES, INC. NAME 700074756127 05/17/06--01019--009 **500.00 STREET ADDRESS 555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069 CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP

11. 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 empowered to execute this report as required by habter 620, Florida Statutes

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DOCUMENT # NAME STREET ADDRESS CIA-ST-ZIP