2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE: Marid

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A01000001551** 06 APR 24 AM 10: 55 PERLMAN FAMILY INVESTMENTS, LTD. Mailing Address Principal Place of Business 6024 PARADISE POINT DRIVE **6024 PARADISE POINT DRIVE** MIAMI, FL 33157-2634 MIAMI, FL 33157-2634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FEI Number 65-1158664 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONATHAN E. PERLMAN, ESQ. B&C CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable)
Benovese Joblove & Battista ONE BISCAYNE TOWER, 21ST FL 2 SOUTH BISCAYNE BLVD MIAMI, FL 33131 100 S.E. SECOND ST. Mianie 8. The above narged entity subprits 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 egistered agent. SIGNATURE d or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 7, 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 # STREET ADDRESS NAME PERLMAN, RITA K STREET ADDRESS 6024 PARADISE POINT DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 331572634 DOCUMENT # STREET ADDRESS NAME PERLMAN, DAVID L 100074754441 05/17/06--01017--005 **500.00 STREET ADDRESS 6024 PARADISE POINT DRIVE CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 331572634 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-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME 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

DAVID L. PERLMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/2006 3052523441