

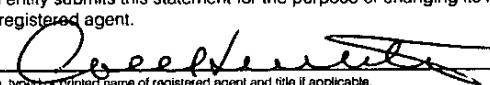
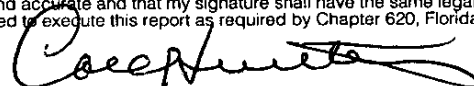


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # A02000000207 1. Entity Name WITTENBERG INVESTMENTS LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JUN 21 AM 9:07 	
Principal Place of Business 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496				Mailing Address 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496			
2. Principal Place of Business		3. Mailing Address		06112005 Chg-LP CR2E003 (10/03)		4. FEI Number 02-0548369	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WITTENBERG, NOEL 4097 N.W. 60TH CIRCLE BOCA RATON, FL 33496				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 6/13/05			
9. Capital Contributions as Shown on record. \$600,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
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.							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P02000017261			STREET ADDRESS			
NAME	WITTENBERG ENTERPRISES, INC.			CITY-ST-ZIP			
STREET ADDRESS	4097 N.W. 60TH CIRCLE						
CITY-ST-ZIP	BOCA RATON, FL 33496						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
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STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date 6/13/05 516 295 430 <small>Daytime Phone #</small>			

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