2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

CHECK

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A02000000268 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS THE MASHIACH INVESTMENTS LIMITED PARTNERSHIP 05 MAR 11 AM 9:42 Mailing Address Principal Place of Business 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 04-3620222 Not Applicable Zip Country Zip 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 Name WACHS, JEFFREY S ESQ. 1177 S.E. THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 City 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. 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$5,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS MASHIACH, BONNIE C STREET ADDRESS 1177 S.E. THIRD AVENUE CITY-ST-7IP 500048845455 03/22/05--01018--021 **141.25 CITY-ST-ZIP FT. LAUDERDALE FL 33316 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CITY-ST-7IP 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 CITY-ST-ZIP 14. Thereby 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 eath; 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