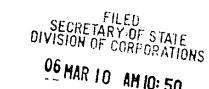
2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A0200000646



| 1. Entity Name PALMERI ENTERPRISES, LTD. | | | | | | | 06 MAR 10 | AM 10: 5 | i 0 |
|--|--|-------------|-------|--|------------------|---|---------------------|----------------------------|----------------|
| Principal Place of Business Mailing Address 10 HERON'S NEST 7710 S US HWY 1 STUART, FL 34996 PT ST LUCIE, FL 34952 | | | | | 6 | | | | |
| 2. Principal Place of Business #087 SE OLD ST LUCIE BLVD | | | | | (| | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 02282006 Chg-LP CR2E003 (11/05) | | | | · · · | |
| STUART FL City & State | | | | | | 4. FEI Number Applied For 37-1436969 Not Applicable | | | |
| Zip 34996 Country SA Zip | | | Count | 5. Certificate of Status Desired See Requ | | | | .75 Additional Required | |
| - | | Name | | 7. Name and | Address of New I | Registered Age | nt | | |
| FOWLER, MICHAEL D ESQ. 505 BEACHLAND BLVD SUITE 7 VERO BEACH, FL 32963 | | | | Street Address (P.O. Box Number is Not Acceptable) 1680 SW ST LUCIE WEST BLV.) SUITE 204 | | | | | |
| | | | | City | 07 5 | T Luc | - ,= | FL | Zip Code O/ |
| 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 talle if applicable DATE | | | | | | | | | |
| 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. | | | | | | | | | |
| 12. | GENERAL PARTNER | INFORMATION | 13. | | | | ADDRESS CH | ANGES ONLY | |
| DOCUMENT # | PO2000045523 PALMERI ENTERPRISES, INC. | | STREE | et address | 408 | 7 SE | OLD S | T LUCI | E BLVD |
| STREET ADDRESS CITY-ST-ZIP | 10 HERON'S NEST STUART, FL 34996 | | | ST-ZIP | | | FL | | |
| DOCUMENT / NAME | | | STREE | ET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY- | ST-ZIP | | 00 03/20 |)))))68 /060101 | 0944 6005 | 60 **500_00 |
| DOCUMENT # NAME | | | STREE | et address | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | | |
| DOCUMENT / NAME | | | STREE | et address | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | | |
| DOCUMENT # NAME | | | STREE | ET ADDRESS | | | _ | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | | |
| DOCUMENT # | | | STREE | T ADDRESS | | | | | |
| STREET ADDRESS | | | CITY | CT 71D | - | | | | |

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 reported by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER