FILED 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 May 01, 2006 08:00 AN Secretary of State DOCUMENT # A0200000934 1. Entity Name BEACH CORNER, LTD. Principal Place of Business Mailing Address 1655 DREXEL AVE., STE. 208 1655 DREXEL AVE., STE. 208 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04202006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0415739 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent WASERSTEIN, CARLOS DO NOT WRITE 1655 DREXEL AVE., STE. 212 MIAMI BEACH, FL 33139 IN THIS SPACE 3. 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 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P02000063839 SOUTH BEACH COMMERCIAL CORNER, INC. NAME STREET ADDRESS 1655 DREXEL AVE., STE. 208 CITY-ST-ZIP MIAMI BEACH, FL 33139 DOCUMENT # U00000554198 05/15/06-80082-019 508.75 NAME STREET ADDRESS CITY-ST-7(P DOCUMENT # HAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 and to execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true or the receiver or trustee empor

SIGNATURE:

City-St-ZiP DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

STAPLE

AME OF SIGNING GENERAL PARTNER

305-672-7741