2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, £006

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A02000001136 1. Entity Name EL CLAIR LTD 06 JUN 13 AM 9:51 Principal Place of Business Mailing Address 4800 N. FEDERAL HWY. 4800 N. FEDERAL HWY. SUITE 307B SUITE 307B BOCA RATON, FL 33431 BOCA RATON, FL 33431 03212006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0439936 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAP SERVICE CORPORATION DO NOT WRITE 4800 N. FEDERAL HWY. SÜITE 307B IN THIS SPACE BOCA RATON, FL 33431 8. The above gamed 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. SIGNATUFE Signature, typed or printed name of registered agent and bite if applicable 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. P01000111027 DOCUMENT # NAME RK VENTURES INCORPORATED 100076384541 05/20/06--01024--020 **500.00 STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 307B CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CIMY ST-ZIP

14. I hereby certify that the information supplied with this filing does not gralify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and their 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

U.P.

GASSMUND

KELLY A.

SIGNATURE