2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A02000001736 06 MAR -3 AM 9: 50 THE JOSEPH AND ESTELLE FINKEL FAMILY LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address **4910 PINEVIEW CIRCLE** 4910 PINEVIEW CIRCLE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address 6835 MILANI STREET 6835 MILANI STREET Suite, Apt. #, etc. Suite, Apt. #, etc 01122006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For LAKE WORTH, FL LAKE WORTH, FL 14-1858294 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 33467-5901 USA 33467-5901 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINKEL, ESTELLE FINKEL, ESTELLE 4910 PINEVIEW CIRCLE Street Address (P.O. Box Number is Not Acceptable) DELRAY BEACH, FL 33445 6835 MILANI STREET Zip Code City LAKE WORTH. 33467-5901 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 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. ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS 6835 MILANI STREET NAME TRUST AGREEMENT OF JOSEPH FINKEL STREET ADDRESS 4910 PINEVIEW CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467-5901 CITY-ST-ZIP DELRAY BEACH, FL 33445 DOCUMENT # STREET ADDRESS 6835 MILANI STREET TRUST AGREEMENT OF ESTELLE T. FINKEL NAME STREET ADDRESS 4910 PINEVIEW CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33467-5901 CITY-ST-ZIP DELRAY BEACH, FL 33445 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 500068090605 !/20/06--01012--018 **\$00.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CAM-ST-ZIP 14. Thereby 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 required by Chapter 620, Florida Statutes

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #