2007 LIMITED PARTNERSHIP AMNUÁL RÉPORT Due By May 1, 2007

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DOCUMENT # A03000000064 FILED HANDLEMAN INVESTMENTS LLLP 07 JUN 26 AM 9: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address BANK ONE, N.A. BANK ONE, N.A. 3399 PGA BLVD., SUITE 100 3399 PGA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address JPMORGAN CHASE BANK N.A JPMORGAN CHASE BANK N.A. Suite, Apt. #. etc. Suite, Apt. #, etc. 04242007 Chg-LP CR2E003 (12/06) 3399 PGA BLVD, SUITE 100 3399 PGA BLVD, SUITE 100 City & State City & State 4. FEI Number Applied For PALM BEACH GARDENS, FL PALM BEACH GARDENS, FL 76-0744835 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33410 USA 33410 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETER B. TIERNAN GOMOLL, GARY Street Address (P.O. Box Number is Not Acceptable) JPMORGAN CHASE BANK N.A. BANK ONE, N.A. 3399 PGA BLVD., SUITE 100 PALM BEACH GARDENS, FL 33410 3399 PGA BLVD, SUITE 100 PALM BEACH GARDENS Zip Code 33410 8. The above named entity of 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 SIGNATURE ered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 ADDRESS CHANGES ONLY 12. 13. L03000000302 DOCUMENT # STREET ADDRESS NAME HILLIC STREET ADDRESS 3399 PGA BLVD., SUITE 100 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 200105875312 //0/07--01045--015 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 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 Peter B. Tiernan SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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