2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A03000000310 06 APR 10 AM 9: 12 PLANTATION SQUARE, LTD Principal Place of Business Mailing Address 120 SOUTH UNIVERSITY DRIVE, SUITE C 120 SOUTH UNIVERSITY DRIVE, SUITE C PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEINSTEIN, MARVIN 120 SOUTH UNIVERSITY DRIVE, SUITE B Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code 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 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 ADDRESS CHANGES ONLY 12. L03000007018 DOCUMENT # STREET ADDRESS BVH, LLC STREET ADDRESS 120 SOUTH UNIVERSITY DRIVE, SUITE B CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33324 900072369139 04/27/06--01031--022 **\$00.00 DOCUMENT : STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET AUDRESS CITY ST ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY ST ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 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 empowerer to execute this report as required by Chapter 620, Florida Statutes