2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # A03000000336 1. Entity Name ATM ETC. OF FLORIDA, LLLP Principal Place of Business Mailing Address 7150 WEST 20TH AVENUE 7150 WEST 20TH AVENUE SUITE 412 SUITE 412 HIALEAH, FL 33016 HIALEAH, FL 33016 04272006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2106385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE REISER, RAYMOND 7150 W. 20TH AVENUE STE. 412 HIALEAH, FL 33016 IN THIS SPACE 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 the 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 # MARKE TODD, FRANK N 7150 WEST 20TH AVENUE #412 STREET ADDRESS U00000558187 05/17/06-80085-013 150.00 CHTY-ST-ZIP HIALEAH, FL 33016 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS

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 employered to execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the

SIGNATURE:

CITY-ST-ZIP DOCUMENT #

STREET ADDRESS CITY-\$T-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

CHECK

STAPLE

INTED NAME OF SIGNING GENERAL PARTNER SIGNATU