2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 10 AM 10: 49

DOCUMENT # A03000000367

1. Entity Name
FINKELSTEIN ENTERPRISES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4000 ISLAND BOULEVARD UNIT 2106 AVENTURA, FL 33160	4000 ISLAND BOULEVARD UNIT 2106 AVENTURA, FL 33160

03012006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
1475 Commodore Way		1475 Commodore Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hollywood, Florida		City & State: Hollywood, Florida	
Zip: 33019	Country: Broward	Zip: 33019	Country: Broward

4. FEI Number: 14-1874772 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINKELSTEIN, SAMUEL
4000 ISLAND BOULEVARD UNIT 2106
AVENTURA, FL 33160

7. Name and Address of New Registered Agent

Name: MARK FINKELSTEIN
Street Address (P.O. Box Number is Not Acceptable): 1475 Commodore Way
City: Hollywood FL Zip Code: 33019

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] — Signature, typed or printed name of registered agent and title if applicable.

DATE: March 1, 2006

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000026628	STREET ADDRESS	1475 Commodore Way
NAME	FINKELSTEIN ENTERPRISES, INC.		
STREET ADDRESS	4000 ISLAND BOULEVARD UNIT 2106	CITY-ST-ZIP	Hollywood, Florida 33019
CITY-ST-ZIP	AVENTURA, FL 33160		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: March 1, 2006 Daytime Phone #: 954-214-5530