## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Mar 17, 2006 08:00 AM

| Due By May 1, 2006   |  |  |                | Secretary of State   |   |  |
|--|--|--|----------------|--|---|--|
| DOCUMENT # A0300000647  1. Entity Name KALMAN INVESTMENTS, LTD.  |  |  |                | Secretary or state   |   |  |
| Principal Plac<br>12188 NW 9<br>CORAL SPRIN  |  | Mailing Address<br>12188 NW 9TH DRIVE<br>CORAL SPRINGS, FL 33071                               |                | I ATTICA ATT BEITE WILL COM BERT SEW   | ESIN BEN BENS SIN DIEN SEETSK SI (ESI                                     |  |
| D  | O NOT WRITE                              |  | CE             | 01112005 No Chg-LP  4. FEI Number 11-3687246  5. Certificate of Status Desired                       | CR2E003 (11/05)  Applied For Not Applicab  \$8.75 Additional Fee Required |  |
| 8. Name and Address of Current Registered Agent  KALMAN, ALFRED  12188 NW 9TH DRIVE  CORAL SPRINGS, FL 33071 |  |  |                | DO NOT WRITE<br>IN THIS SPACE  |   |  |
| the obligat  | After May 1, 20                          | d me il applicable  III FEE IS \$500.00  106, Fee will be \$900.00  AAT IS A RUSINESS ENTITY I | MUST BE REGIS  | red agent, or both, in the State of Flor  TERED AND ACTIVE WITH THE  nt must be filed to change a ge | DATE S OFFICE.  |  |
| 12.  | GENERAL PARTNER                          |  | in, an amendme | it those be med to change a ge   | navar parator.  |  |
| OGCUMENT / MARE STREET ADDRESS CITY-ST-ZIP   | L03000013955<br>KALMAN INVESTMENTS MANAG |  |                |  | 9471456<br>-80055-004 500.00  |  |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS                                |  |  |                | DO NOT WE  |   |  |
| CITY-ST-ZIP  DOCUMENT J  NAME  STREET ADDRESS  CITY-ST-ZIP  GOCUMENT J                                       |  |  |                | IN THIS SPA  |   |  |
| NAME<br>STREET ADDRESS   |  |  |                |  |   |  |
| DOCUMENT / NAME  |  | 1  |                |  |   |  |

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 820, Florida Statutes.

CHTY-ST-ZP DOCUMENT & NAME STREET ADDRESS CITY -ST-ZIP