2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

SIGNATURE:

FILED " DOCUMENT # A03000000969 Feb 02, 2005 08:00 AM Secretary of State 1. Entity Name THE MALAMUT INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 427 N.W. 112TH AVENUE 427 N.W. 112TH AVENUE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 55-0839863 Not Applicable Zip Country Ζīρ 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 Name WACHS, JEFFREY S 1177 S.E. THIRD AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 Zip Code FL 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. 1t. FILE NOW !!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed name of registered egent and tale & applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000.00 as Shown on record in FLORIDA to date 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. DOCUMENT # 141.25 STREET ADDRESS NAME MALAMUT, RONNA B SZBROCK LEGRATS 427 N.W. 112TH AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 DOCUMENT # STREET ADDRESS MALAF STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CHY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CHY-SI-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # CIFEET ADDRESS STREET ADDRESS CITY-SI-ZIP City-St-2IP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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