2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

STAPLE

SIGNATURE:

FILED DOCUMENT # A03000000975 2007 MAR 27 AM 10: 21 THE M. MINNET INVESTMENTS LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **243 NW 44 STREET 243 NW 44 STREET** FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (12/06) 02152007 Chg-LP Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WACHS, JEFFREY F ESQ Street Address (P.O. Box Number is Not Acceptable) % DENMAR ALLSWORTH CURTIS ET AL 1177 SE 3 AVENUE FT LAUDERDALE, FL 33316 City 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. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 13. OCCUMENT 4 STREET ADDRESS NAME MINNET, MARY M STREET ADDRESS 235 N.W. 44TH STREET CITY - ST - 7IP CITY-ST-7IP FORT LAUDERDALE, FL 33309 DOCUMENT # <u> 300-</u> STREET ADDRESS 04/03/07-101052-MINNET, ROSEANN A STREET ADDRESS 235 N.W. 44TH STREET CITY-ST-ZIE CITY-ST-ZIP FORT LAUDERDALE, FL 33309 DOC!#VSNIT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 190, Florida Statutes

M

OR PRINTED NAME OF SIGNING GENERAL PARTNER