2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A03000001380 1. Entity Name 2425, LTD. 06 FEB 24 AH 10: 06 Principal Place of Business Mailing Address C/O GOLDMAN PROPERTIES C/O GOLDMAN PROPERTIES 804 OCEAN DRIVE, 2ND FLOOR 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01162006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0313514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEVINSON, EDWARD E ESQ. DO NOT WRITE 407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139 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, typed or printed name of registered agent and title 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. P03000104302 DOCUMENT # 2425. INC. NAME STREET ADDRESS 804 OCEAN DRIVE, 2ND FLOOR 600067295496 03/07/06--01015--011 ***508.75 CITY-ST-ZIP MIAMI BEACH, FL 33139 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME : STREET ADDRESS

14. I hereby certify that the information supplied with the 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 it 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

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: