2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 FILED Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # A03000001850 1. Entity Name THE BARBARA L. GILBERT LIMITED PARTNERSHIP, LLLP Principal Place of Business Mailing Address 9 ISLAND AVENUE 9 ISLAND AVENUE PENTHOUSE 4 PENTHOUSE 4 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 03292006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2400013 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILBERT, DAVID H M.D. DO NOT WRITE 5705 HAMILTON WAY BOCA RATON, FL 33496 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. DOCUMENT # NAME GILBERT, BARBARA L U000000511211^M STREET ADDRESS 9 ISLAND AVENUE, PENTHOUSE 4 04/29/06-80040-010 508.75^M CITY-ST-ZIP MIAMI BEACH, FL 33139 DOCUMENT # NAME STREET ADDRESS CITY-ST-71P BOCKMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE **BOCUMENT #** NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP

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 truly and accurate and that my sign sture shall be the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employwered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE AND TYPED

SIGNATURE

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DOCUMENT# NAME STREET ADDRESS COY-ST-7IP