2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0400001155 05 JUL 13 AH 8: 43 THE GEMEINER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address **5701 PINE TERRACE 5701 PINE TERRACE** PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address 4923 NW 5220 4923 NW 5219 ET 5T Suite, Apt. #, etc. Suite, Apt. #, etc. 07112005 CR2E003 (10/03) Chg-LP City & State City & State Applied For 4. FEI Number TAMARA C TAMARAC Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired ИSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINKEL, JUDITH Street Address (P.O. Box Number is Not Acceptable) 7758 NW 44 ST. SUNRISE, FL 33351 Zip Code F 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 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions 10. Amount of Capital Contributions \$20,000.00 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 ADDRESS CHANGES ONLY 13. DOCHMENT # STREET ADDRESS NAME GEMEINER, CHARLES A STREET ADDRESS **5701 PINE TERRACE** CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 DOCUMENT # STREET ADDRESS NAME GEMEINER, CATHARINE M STREET ADDRESS **5701 PINE TERRACE** CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 600057766326 07/21/05--01074--025 **228 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF