2006 LIMITED PARTNERSHIP ANNUAL REPORT FILED Due By May 1, 2006 Apr 24, 2006 08:00 Al Secretary of State DOCUMENT # A04000001203 KATZ GLADES TWIN PLAZA INVESTMENT, LLLP Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A MIAMI, FL 33133 MIAMI, FL 33133 04182006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEì Number Applied For 87-0729636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KATZ, EZRA DO NOT WRITE 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A MIAMI, FL 33133 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 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 KATZ FZRA STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, PENTHOUSE 2A CITY-ST-ZIP MIAMI, FL 33133 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#

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 eport as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-19-06

305-154-500D

Davime Phone