2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Jan 27, 2006 08:00 AN DOCUMENT # A0400001296 **Secretary of State** THE ANGELILLO FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3880 COCONUT CREEK PARKWAY, SUITE 100 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 01232006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1486613 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WACHS, JEFFREY'S ESQ. DO NOT WRITE 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316 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. 12. GENERAL PARTNER INFORMATION DOCSIMENT # ANGELILLO, MICHAEL P NAME STREET ADDRESS 3880 COCONUT CREEK PARKWAY, SUITE 100 COCONUT CREEK, FL 33066 CITY-ST-ZP UDD0000404542 02/07/06-80004-005 Sm.nn DUCUMENT # NAME STREET ADDRESS CITY-ST-ZIP SOCIMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-7IP DOCUMENT

14. I hereby certify that the information supplied with this 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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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