2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

CHECK

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0400001325 05 AUG -8 AM 9: 31 POMERANZ INVESTMENT LIMITED PARTNERSHIP Principal Place of Business Mailing Address 20044 BACK NINE DRIVE 20044 BACK NINE DRIVE BOCA RATON, FL 33498 BOCA RATON, FL 33498 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272005 Chg-LP CR2E003 (10/03) City & State Applied For City & State 4. FEI Number 20-149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMONT NEIMAN INTERIAN & BELLET, P.A. Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BOULEVARD, SUITE 3550 MIAMI, FL 33131 City Zip Code 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 500058535985 08/<u>12/05--01062--004</u> \*\*926 SIGNATURE Signature hypert or printed name of registered agont and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$10,000,000.00 in FLORIDA to date. # 4,651 as Shown on record. ,000 04 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 ADDRESS CHANGES ONLY 12, 13. P04000112864 DOCUMENT / STREET ADDRESS POMERANZ INVESTMENT MANAGEMENT CORP. STREET ADDRESS 20044 BACK NINE DRIVE CITY-ST-7IP CITY-ST-7IP BOCA RATON, FL 33498 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP CITY-ST-7tP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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