## **2006 LIMITED PARTNERSHIP ANNUAL REPORT** Due By May 1, 2006

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SIGNATURE: 6 hassan Actu

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A05000000653 1. Entity Name HIGHWAY PC, LTD 06 APR 24 AM 10: 42 Principal Place of Business Mailing Address 1401 NW 88 AVE. 1401 NW 88 AVE. MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/05) 03312006 Chg-LP City & State City & State Applied For 4. FEI Number 20-2546173 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHOMAR, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 7777 NW 146TH ST. MIAMI LAKES, FL 33016 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. SIGNATURE Signature, typed or printed name of registered agent and Itie il app@cable. FILE NOW!!! FEE I\$ \$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. ADDRESS CHANGES ONLY DOCUMENT # P96000093929 STREET ADDRESS ABBOUD TRADING, INC. NAME STREET ADDRESS 1401 NW 88 AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 DOCUMENT A STREET ADDRESS NAME **500074077735** 05/05/06--01043--026 \*\*50 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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 report as required by Chapter 620, Florida Statutes

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