## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HIGHEOF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000000808** 1. Entity Name SEIGEL INVESTMENT MANAGEMENT LLLP 06 APR 10 AM 9: 26 Principal Place of Business Mailing Address 15161 SW 71ST COURT 15161 SW 71ST COURT MIAMI, FL 33158 MIAMI, FL 33158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-LP CR2E003 (11/05) Applied For City & State City & State 4. FEI Number 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 CHRYSTAL, NEIL R Street Address (P.O. Box Number is Not Acceptable) C/O WHITE & LANDON, P.A. 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable DATE 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13 L05000039789 DOCUMENT # STREET ADDRESS SEIGEL INVESTMENT MANAGEMENT, LLC NAME STREET ADDRESS 15161 SW 71ST COURT CITY-ST-78P CITY-ST-ZIP MIAMI, FL 33158 DOCUMENT A STREET ADDRESS STREET ADDRESS 900073393949 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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

PALL A SEGERMA

FILED