2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

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SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A05000000861 06 OCT 24 AM 10: 38 THE JASINSKI FAMILY INVESTMENTS LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 19950 SCRIMSHAW WAY 19950 SCRIMSHAW WAY TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/05) 07272006 Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zip \$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 WACHS, JEFFREY S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316 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, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 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. 10008197336 DOCUMENT # STREET ADDRESS 11/21/06--01009--011 JASINSKI, WALTER T NAME STREET ADDRESS 19950 SCRIMSHAW WAY CITY-ST-ZIP CITY-ST-ZIP TEQUESTA, FL 33469 DOCUMENT # STREET ADDRESS JASINSKI, JUDITH L REMSTATEMENT 2006 STREET ADDRESS 19950 SCRIMSHAW WAY CITY-ST-ZIP CITY-ST-ZIP TEQUESTA, FL 33469 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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