20ปี6 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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DOCUMENT # A05000001505 06 MAY -1 AN 8: 51 ALTMAN PARTNERS - 855, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 1515 S. FEDERAL HIGHWAY, SUITE 300 1515 S. FEDERAL HIGHWAY, SUITE 300 BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 20-37600 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 JEFFREY A. DEUTCH, P.A. Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434 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 if applicable FILE NOWIII 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS ALTMAN DEVELOPMENT CORPORATION NAME 1515 S FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 DOCUMENT # F98000003787 300075012963 05/22/06--01007--010 ***500.00 STREET ADDRESS THE ALTMAN COMPANIES, INC. NAME STREET ADDRESS 1515 S FEDERAL HIGHWAY, SUITE 300 CITY-ST-ZIP CITY-S1-ZIP BOCA RATON, FL 33432 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 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 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: SIGNATURE: SIGNATURE SIGNATURE SIGNATURE Date Date Date Despire Phone

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