2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED **DOCUMENT # A05000002111** 06 MAY .- 1 . PM 1: 31 : 3 PLANTATION PARK, LTD. SECRETARY OF STATE THE TALLAHASSER ELORIDATION Principal Place of Business Mailing Address 4901 NW 17TH WAY 4901 NW 17TH WAY **SUITE 103 SUITE 103** FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 20-3841114 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name AN Levy MELAND RUSSIN HELLINGER & BUDWICK, PA 3000 WACHOVIA FINANCIAL CENTER Street Address (CLATY ALUSOS 200 SOUTH BISCAYNE BLVD MIAMI, FL 33131 #103 Zip Code 33309 8. The above named entity submits this statement for the purpose of changing its registered of use 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 title if applicable. DATE 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 ADDRESS CHANGES ONLY 12. 13. P05000152089 DOCUMENT # STREET ADDRESS NAME PLANTATION PARK, INC. STREET ADDRESS 4901 NW 17TH WAY, STE 103 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33309 300074673**4**03 DOCUMENT # 05/16/06~~01026~~022 **500.00 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-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 the SIGNATURE:

Daytima Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER