2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A06000000772** MADISON BUSINESS PARK, LLLP 07 JAN 12 AM 9: 18 Principal Place of Business
4100 N. POWERLINE ROAD, SUITE B-2
POMPANO BEACH, FL 33073
POMPANO BEACH, FL 33073 THE STATE OF THE SAME 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01102007 Chg-LP CR2E003 (12/06) Applied For City & State City & State FEI Number 56-2588929 Not Applicable Zip Country Ζip 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 Name LASSER, LEE S 4100 N. POWERLINE ROAD, SUITE B-2 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33073 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 Sgrapure, typed or presed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # A05000000628 STREET ADDRESS LEE S. LASSER FAMILY LIMITED PARTNERSHIP N NAME STREET ADDRESS 4100 N. POWERLINE ROAD, SUITE B-2 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33073 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CTTY-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 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 1/10/2007 our ollin SIGNATURE: Daytime Phone #