2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A06031 TRACK II ASSOCIATES, LTD. 06 FEB 24 AM 10: 05 Principal Place of Business Mailing Address C/O BERTRAM OSTRAU C/O PHILIP ALTAMURA 2 WASHINGTON SQUARE, APT 5 F PO BOX 7 LARCHMONT, NY 10538 ELMWOOD PARK, NJ 07407 01082006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-6586036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DO NOT WRITE** GORTZ, ALBERT W. ONE BOCA PLACE SUITE 340 WEST BOCA RATON, FL 33431 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable 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. GENERAL PARTNER INFORMATION 12. DOCUMENT A 300067301853 03/07/06--01016--029 **500,00 OSTRAU, BERTAAM 2 WASHINGTON SQUARE, APT. S.F. STREET ADDRESS LARCHMONT, NY 10538 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS STAPLE CHECK HERE CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CIN-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #