2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 27, 2006 08:00 Al Secretary of State DOCUMENT # A10867 STUZIN FAMILY PARTNERSHIP, LTD Principal Place of Business Mailing Address 220 ALHAMBRA CIRCLE, SUITE 700 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 04202006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2106253 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STUZIN, CHARLES B. DO NOT WRITE 220 ALHAMBRA CIRCLE, SUITE 700 CORAL GABLES, FL 33134 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 DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 d5/09/06-80039-015 500.00 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. 12. GENERAL PARTNER INFORMATION DOCUMENT # P00000111376 NAME STUZIN ENTERPRISES, INC. STREET ADDRESS 220 ALHAMBRA CIRCLE, SUITE 700 CITY-ST-ZIP CORAL GABLES, FL 33134 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: