2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2006**

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or the receiver or trustee empowered to execute

SIGNATUP - NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE

FILED DOCUMENT # A17060 Apr 14, 2006 08:00 AN Secretary of State 1. Entity Name INTERNATIONAL PROPERTIES LIMITED PARTNERSHIP Principal Place of Business Mailing Address 4555 ADAMS AVENUE MIAMI BEACH FL 33140 4555 ADAMS AVENUE MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State Applied For City & State 4. FEt Number 59-2049442 Not Applicat Zíp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOBIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 4555 ADAMS AVE. MIAMI BEACH FL 33140 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 . Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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. DOCUMENT # STREET ADDRESS NAME DOBIN, DAVID M STREET ADDRESS 4555 ADAMS AVENUE CITY-ST-ZIP U00000508767 CITY-ST-ZIP MIAMI BEACH FL 33140 /20/06 00020 903 500.60 **GOCUMENT** # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST. 78 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-78 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP alify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the same legal effect as if made under oath, that I am a General Partner of the limited partners by Chapter 620, Florida Statutes 14. I hereby certify that the information supplies indicated on this report is true and

id M Dobin Gen Prtnr 2/6/06 305-534-0419

Date

Daytime Phone #