2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # A23513 1. Entity Name COMMODORE RENTALS, LTD.				06 MAY - I A	· ·	
Principal Plac	e of Business	Mailing Address				
3120 KIRK ST. 100 N. BISCAYNE BLVD.,			LVD #3000			
MIAMI, FL 33133 MIAMI, FL 33132		275.7 11 0000]			
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Principal Place of Business Mailing Address				-1/%(
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Suite, Apt. #, etc.		•		305000 (44 (05)		
		Ste. 216	<i>70</i>	04282006 Chg-LP CF	R2E003 (11/05)	
City & State		Ciry & State Clicui, Florida		4. FEI Number	Applied For	
Zip	Country	Zip	Country	59-2740508	Not Applicable \$8.75 Additional	
		33137	USA	5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent	
HEYDASC	TH AYEL		Name	Hap Herdesch		
	RD AVE STE: 1860		Street Address	Street Address (P.D. Box Number is Not Acceptable), Ste 2100		
MIAML EL	33131		1000	Biscarue Bluck.	>56 2100	
Man						
	10	7	City	,	FL 学%シフ	
8. The above named entity submits his 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						
Signature, typed or appeto fame of registered agent and little if applicable. DATE						
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.						
12.	GENERAL PARTNER	RINFORMATION	13.	ADDRESS CHANGES	ONLY	
DOCUMENT / NAME	M40525 COMMODORE INTERNATIONAL REALTY INC.		STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP	4000755	1.004	
CITY-ST-ZIP	MIAMI, FL 33133		CIIT-SI-ZIP	40007556 05/31/06010371	11 3 2 4 101 ##250 00	
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NAME STREET ADDRESS						
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NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
NAME			Grine Propriedo			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
	certify that the information supplied will	this fling does not guel	ify for the exemptions contain	ned in Chapter 119. Florida Statutes I furthe	er certify that the information	
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 eath; that I am a General Partner of the limited partnership or trustee empowered to execute this report as required by Chapter 620. Florida Statutes						
1. 1. 00 1 Januar 2200						
SIGNATURE: 1 100 1 10 April 18'06 385-558-8400						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daysure Proce #						