2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A23563 1. Entity Name 06 FEB 24 Ril 10: 03 TIFFANY 3/8 ASSOCIATES, LTD. Principal Place of Business Mailing Address 804 OCEAN DRIVE **804 OCEAN DRIVE** 2ND FLOOR 2ND FLOOR MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01172006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-1735389 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARLO COURTNEY DO NOT WRITE 804 OCEAN DRIVE 2ND FLOOR IN THIS SPACE MIAMI BEACH, FL 33139 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 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. M41151 DOCUMENT # PARK TIFFANY, INC. STREET ADDRESS 804 OCEAN DRIVE, 2ND FLOOR 100067296431 03/07/06--01015--029 **508.75 CITY-ST-7IP MIAMI BEACH, FL 33139 DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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:

CITY-ST-ZIP DOCUMENT # --NAME . STREET / DDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER