2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER BIII Shudin

STAPLE CHECK HERE

FILED Apr 21, 2006 08:00 AM Secretary of State

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DOCU 1. Entity Nar SVMP, L	IMENT # A25184 เรือ.						200100	J C	- 0
Principal Pla	ce at Business	Mailing Address		1					
C/O SVMP, INC.									
175 N.E. SPANISH TRAIL 175 N.E. SPANISH TRA			RAII	į					
BOCA RATON, FL 33432 BOCA RATON, FL 334			3432	į					
Principal Place of Business				 ;					
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Suite, Apt. #, etc. Suite,		Sulte, Apt. #, etc.	ie, Api. #, eic.		- {	03242006	Chg-LP	CRZEO	33 (11/05)
City & State City & State						4. FEI Number			Applied For
				1	65-0007			No Applicate	
Zip Cauntry		Zip	Country				f Status Desired		8.75 Additional
	6. Name and Address of Curren	t Pegletorod Agent	_!	,		7 Name and			ee Required
		Name		7. Name and Address of New Registered Agent					
MAGID, JI				}		·			<u> </u>
2300 CORPORATE BLVD., N.W. #238				Street Addr	ress (F	(P.O. Box Number is Not Acceptable)			
BOCA RA	TON, FL 33431			City			·		Zig Code
8. The above named entity submits this statement for the purpose of changing it						FL ""		1	
the abliga	tions of registered agent.	-	us iegisies	יי איז איז פטוונט מפיז זיי	ยเรเยาส	o agent, or pour	, in the state of Fig	rida. I am je	iminar wiin, and accep
SIGNATURE	Signature, typed or printed name of registered age	n and the n applicable.						DATE	
									
		Will FEE IS \$500.00 2006, Fee will be \$9							
	A GENERAL PARTNER			HIST DE DE	CIST	EDED AND A	TRIC MITH THE	e office	
	NOTE: General Partners M	AY NOT be changed on	the form	; an amend	ment	must be filed	to change a ge	neral part	ner.
12.	GENERAL PARTNE		13.				ADDRESS CHA		
DOCUMENT #	M58408		STEE	ET ADORESS					
NAME	SVMP, INC.		1		<u>. </u>				
STREET ADDRESS	175 NE SPANISH TRAIL		CITY	-ST-ZIP					
CITY-ST-ZIF	BOCA RATON, FL				:				
DOCUMENT # NAME			S TRE	ET ADORESS	}		0000009 05/04/06-3	525014	110 500 60
STREET ADDRESS			- E	{	:		<u> </u>	ידווטנכ	700 200°00
CITY-ST-ZIP			CHY	·Sī-Zi?	:	<u>-</u>			
DOCUMENT :			STRE	ET ADDRESS	;				
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CHY-ST-ZIP			CITY	-ST-ZIF	i .				
DOCUMENT #			SIRE	ET ADDRESS	}				
STREET ADDRESS CATY-ST- ZUP			CITY-	-SI-ZIP	<u> </u>	 -			
DOCUMENT #	<u> </u>				:		<u>_</u>		
NAME NAME			STRE	et adoress {					
STRUET ADDRESS			- 1	}		··			
CITY-ST-ZIP			CITY-	·51-21P	:				
DOCUMENT #			_ _		·				
NAME			STREE	EI ADORESS	i		,		
STREET ADDRESS]	-	 -				
CITY - ST - ZIP			CITY.	ST-27P					
14. I hereby o	certify that the information supplied wi	th this filing does not quality	for the ex	emptions conf	tained	in Chapter 119,	Florida Statutes, I	lurther certil	y that the information
or the rec	certify that the information supplied wo on this report is true and accurate and eiver or trustee empowered to execute	i that my signature shall have this report as required by C	e ine same hapter 620	r regal effect at), Florida Statu	s il ma itės	ide under oath; t	hat I am a Genera	Partner of t	he limited partnership
	/ × \\				i				