2006 LIMITED PARTNERSHIP ANNUAL REPORT

SECRETARY OF STATE DIVISION OF PORPORATIONS Due By May 1, 2006 **DOCUMENT # A31858** 06 MAY -1 AM 10: 46 DANELI HOLDINGS, LTD. Principal Place of Business Mailing Address **801 BRICKELL AVENUE 801 BRICKELL AVENUE** 16TH FLOOR 16TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 01302006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0986885 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable 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. DOCUMENT A \$69274 NAME DANELI HOLDINGS, INC. 801 BRICKELL AVENUE, 16TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 P35054 DOCUMENT # 800074702818 05/17/06--01007--009 **2000.00 NAME DANELI CORPORATION, INC. STREET ADDRESS 4 COLUMBUS CENTER CITY-ST-ZIP ROAD TOWN, B.V.I., DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filing does not quality 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: .

STREET ADDRESS CITY-ST-ZIP

4/10/06

305-381-8340