2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A32209 1. Entity Name APC, LTD. Principal Place of Business Malling Address 3725 EAST 10TH COURT 3725 EAST 10TH COURT HIALEAH, FL 33013 HIALEAH, FL 33013 01092006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0298659 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE !S \$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 INFORMATION DOCUMENT # S80137 NAME APC FINANCIAL CORP. STREET ADDRESS 3725 EAST 10TH COURT CITY-ST-ZIP U0000039654R HIALEAH, FL 33013 01/30/06-80013-01**8 508.7**5 DOCUMENT ! HALLE STREET ADDRESS City-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 exempt this report as required by Chapter 620, Florida Statutes. President, SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

NAME STREET ADDRESS CITY-SY-ZIP