2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan 23, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A33233 ALMANY INVESTORS, LTD. Principal Place of Business Mailing Address 3711 S.W. 27TH STREET 3711 S.W. 27TH STREET MIAMI, FL 33134 MIAMI, FL 33134 01172006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0366918 \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent MILTON, ALEXANDER DO NOT WRITE 3711 S.W. 27TH STREET MIAMI, 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. It am familiar with, and accept the obligations of registered agent. Signature. When or printed name of registered agent and $\overline{m} \overline{u} \overline{v}$ applicable. DATE FILE NOWILL 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 # V53067 ALMANY GROUP, INC. STREET ADDRESS 3711 S.W. 37TH STREET 000000338**99**0 01/31/06-80020-01**7 500.0**0 CITY-ST-ZIP MIAMI, FL DOCUMENT ? NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT A NAME

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 tegal effect as it 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 DOCUMENT # NAME! STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Applied For

Not Applicable