2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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SIGNATURE:

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED DOCUMENT # A33302 Apr 14, 2006 08:00 AN Secretary of State 1. Entity Name BEACH CARS OF WEST PALM LIMITED PARTNERSHIP Principal Place of Business Mailing Address P.O. BOX 15707 WEST PALM BEACH FL 33416 P.O. BOX 15707 WEST PALM BEACH FL 33416 2. Principal Place of Business 3. Meding Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State 4. FEI Number City & State Applied For 65-6098605 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCURIO, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 1441 N. MILITARY TRAIL WEST PALM BEACH FL 33409 City Zip Code 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 is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 13 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME. MERCURIO, JOHN F. STREET ADDRESS 1441 N. MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIF WEST PALM BEACH FL DOCUMENT # STREET ADDRESS STREET ADDRESS IJ<u>0</u>0000508954 CITY-ST-ZIP <u>/28/08-80025-007-500.00</u> CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this liting 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 the execute this report as required by Chapter 620, Florida Statutes