2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

HERE

CHECK

SIGNATURE:

FILED Apr 12, 2007 08:00 AM Secretary of State DOCUMENT # A33302 1. Entity Namo 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 - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State Applied For City & State 4. FEI Number 65-6098605 Not Applicable Zip Country Zισ Country \$8.75 Additional 5. Cortificate of Status Dosirod П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCURIO, JOHN F. Stroot Address (P.O. Box Number is Not Acceptable) 1441 N. MILITARY TRAIL WEST PALM BEACH FL 33409 Zip Code EL 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. *** After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME MERCURIO, JOHN F. STREET ADDRESS 1441 N. MILITARY TRAIL U00000700644 CITY-ST-ZIP CITY - S1 - ZIP WEST PALM BEACH FL 04/20/07-20026-011 500,00 DOCUMENT# STREET ADDHESS NAME STREET ADDRESS CITY - ST- 7IP CITY - ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-7(P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP 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 offect as if made under eath; 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

JOHN F. Mercunia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER