2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

FILED **DOCUMENT # A93000000119** 06 APR 27 AM 10: 18 1. Entity Name LA RAMBLAS ASSOCIATES, LTD. Principal Place of Business Mailing Address 1632 PENNSYLVANIA AVE. 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 04132006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0434297 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINS, CRAIG DO NOT WRITE 1632 PENNSYLVANIA AVE. MIAMI BEACH, FL 33139 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 DATE FILE NOWIII 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. P04000097452 DOCUMENT # LA RAMBLAS GP CORP. STREET ADDRESS 1632 PENNSYLVANIA AVE. MAIMI BEACH, FL 33139 CITY-ST-ZIP 700074146527 05/08/06--01014--005 ***667.50 DOCUMENT # NAME 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 # STREET ADDRESS CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate in that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of to execute this report as required by Chapter 620, Elorida Statutes ASSOCIATION OF THE PROPERS OF THE PROPERTY O I hereby certify that the inform indicated on this report is tru or the receiver or trustee e SIGNATURE:

D OR PRINTED NAME OF SIGNING GENERAL PARTNER