## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006 FILED Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # A93000001100** HZ INVESTORS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 2999 BRICKELL AVENUE 2999 BRICKELL AVENUE MIAMI, FL 33129 MIAMI, FL 33129 04052006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 65-0452563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 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 NOW!!! 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. P93000059423 DOCUMENT # VIZI MANAGEMENT, INC. NAME 2999 BRICKELL AVENUE STREET ADDRESS U00000531876 CITY-ST-ZIP MIAMI, FL 33129 05/06/06-80062-009 500.0d 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#

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 legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empoyered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-7P

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4-19-06

305-856-0323