2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Feb 28, 2007 08:00 AM DOCUMENT # A9300001392 Secretary of State KANTER INVESTMENTS, LTD. Principal Place of Business Mailing Address 4770 BISCAYNE BLVD., SUITE 1150 4770 BISCAYNE BLVD., SUITE 1150 MIAMI, FL 33137 MIAMI, FL 33137 02212007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2085505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 8. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. DO NOT WRITE 515 E. PARK AVE. 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. 12. GENERAL PARTNER INFORMATION DOCUMENT # P93000085394 NAME KANTER INVESTMENTS, INC. STREET ADDRESS 4770 BISCAYNE BLVD., SUITE 1150 CITY - ST - ZiP MIAMI, FL 33137 DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT # STREET ADDRESS CHY-ST ZIP DOCUMENT # NAME

ar Sill Silve 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS City-SI-ZIP DOCUMENT / NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #