## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## FILED Feb 03, 2006 08:00 AM Secretary of State

1. Entity Name
HUNTERWOOD ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business 777 ARTHUR GODFREY RD., #400 MIAMI BEACH, FL 33140 - Mailing Address 777 41ST STREET 400 MIAMI BEACH, FL 33140



Date 1 30 06

01302006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0467641 Applied For Not Applicable

|  | 6. Name and Address of Current Registered Agent GROSS, PHIL 777 ARTHUR GODFREY RD., #400 MIAMI BEACH, FL 33140  |   | 5. Certificate of Status Desired Fee Required  DO NOT WRITE 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 familia the obligations of registered agent.  SIGNATURE |   |   |   |                              | familiar with, and accept |
|  |   | Signature, typed or printed name of registered agent and title it applicable  FILE NOWILL FEE IS \$500.00     |   | DATE                         |                           |
|  | 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.  |   |   |                              |                           |
|  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #   | GENERAL PARTNER INFORMATION L31909 VAIL VALLEY SALVAGE CORP. 777 41ST STREET, 4TH FLOOR MIAMI BEACH, FL 33140 | no/   | V00000417590<br>13/06-80062- |                           |
|  | MAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | OL)   | 13100_00000                  | -GCO -GCO. UU             |
| STAPLE CHECK HERE  | DOCUMENT /<br>NAMC<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | DO NOT WRITE<br>IN THIS SPACE   |                              |                           |
|  | Document /<br>Name<br>Street address<br>City-St-Zip   |   | IN THIS   | SPACE                        |                           |
|  | DOCUMENT I<br>NAME<br>STREET AODRESS<br>GITY-ST-ZIP   |   |   |                              |                           |
|  | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   |   |                              |                           |
|  | 14. I hereby certify that the information sorplied with this filling does not quelify 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 |   |   |                              |                           |
|  | SIGNAT  | TURE:   |   |                              | (315)532-4353             |