2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

F	ILE]
Feb 20, 2	2006
Secre	tary

DOCUMENT # A9400000552 1. Entity Name RACK FAMILY INVESTMENTS, LTD.					Secretar	
C/O COLONY	e of Business WEST COUNTRY CLUB 8TH AVENUE 33321	Mailing Address C/O COLONY WES 6800 N.W. 88TH TAMARAC, FL 33	AVENUE	LUB	E IN EXECUTERE REPORT EXISTS AND A SOURCE SOURCE	AND REAL BRING REIER ENGEL RONG NOVEN EN IDEN
2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apl. #, etc			01302006 Chg-LP	CR2E003 (11/05)
City & Stat	е	City & State			4. FEI Number 65-0491134	Applied For Not Applicable
∠ip	Country	Zip	Cour	itry	5. Certificate of Status Desired	S8.75 Additional
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New	
RACK, NO	RMAN .			Name		
C/G COLC	NY WEST COUNTRY CLUB	3 .		Street Address (P.O. Box Number is Not Acceptable	e)
	S, FL 33321	· - .				
				City		FL Zip Code
	named entity submits this statementions of registered agent.	t for the purpose of chang	ing its register	ed office or register	ed agent, or both, in the State of Fl	lorida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.				DATE
		OWIII FEE IS \$500	-OG			
	After May 1	, 2006, Fee will be	\$900.00			
	A GENERAL PARTNER NOTE: General Partners!	NAY NOT be changed	i on the form	iust be Regist n; an amendmen	ERED AND ACTIVE WITH THE must be filed to change a g	eneral partner.
12. DOCUMENT	GENERAL PARTN P94000024359	IER INFORMATION	13.		ADDRESS CH	ANGES ONLY
NAME	RACK HOLDING CORP.		STR	EZBRUCA TEL		
STREET ADDRESS CITY-ST-ZIP	C/O 6800 N.W. 88TH AVENUE TAMARAC, FL 33321		CHTY	-SI-ZP		
DOCUMENT F	Trumulari E deser		SIR	EET ADDRESS	U0000	0440149 - 30030-0 07 500.00
STREET ADORESS City-St-Zip			спу	-S7-ZIP	03/02/06	30030-007 500.00
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XUCUMENT #			STR	EET ADORESS		.
STREET ADDRESS City-St-Zip			CATY	-S(-ZIP		
DOCUMENT #			STRI	LET ADORESS		
NAME STREET ADDRESS DITY-ST-ZIP	,	-	CITY	-ST-ZIP		
	Certify that the information supplied	with this filling does not a	ualily for the e	xemptions containe	d in Chapter 119, Florida Statutes	. I further certify that the information
indicated or the rec	on this report is true and accurate a leiver or trustee empowered to execu-	ind that my signature sha ute this report as required	have the sam by Chapter 62	e legal effect as if n 9, Florida Statutes	nade under oath, that I am a Gene	.) further certify that the information real Partner of the limited partnership
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MARIE	SIHLET ADDRESS					
STREET ADDRESS						
CITY-S1-ZIP	C11Y-S1-21P					
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 eath, that I am a General Partner of the limited partnership or the receiver or trustee empoweded to execute this report as required by Chapter 620, Florida Statutes.						
(863)						
SIGNATURE: [Aug] / Fally CARY D. Lightsey Partner 2/18/06 696-3357						
SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING GENERAL P	PARTIER Date Daytone Proce 8					