

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

|   |                              |  |                                 |
|---|------------------------------|--|---------------------------------|
| <b>DOCUMENT #A94000000992</b><br>1. Entity Name<br>CORAL SPRINGS CAPITAL INVESTMENT, LTD.   |                              | <br>MAY -1 11 5:41<br>SECRETARY OF STATE<br>TALLAHASSEE FLORIDA  |                                 |
| Principal Place of Business<br>9625 W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065  |                              | Mailing Address<br>9625 W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065   |                                 |
| NEW ADDRESS AS OF JUNE 01/06  |                              |  |                                 |
| 2. Principal Place of Business<br>12453 NW 44 <sup>th</sup> ST.<br>Suite, Apt. #, etc.  |                              | 3. Mailing Address<br>12453 NW 44 <sup>th</sup> ST.<br>Suite, Apt. #, etc.   |                                 |
| City & State<br>CORAL SPRINGS, FL<br>Zip<br>33065<br>Country<br>U.S.A.  |                              | City & State<br>CORAL SPRINGS, FL<br>Zip<br>33065<br>Country<br>U.S.A.   |                                 |
| 4. FEI Number<br>65-0516572   |                              | Applied For<br><input type="checkbox"/> Not Applicable   |                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                              | \$8.75 Additional Fee Required   |                                 |
| 6. Name and Address of Current Registered Agent<br>MELAMED, HOWARD<br>9625 W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065   |                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>12453 NW 44 <sup>th</sup> ST.<br>City<br>CORAL SPRINGS FL Zip Code<br>33065 |                                 |
| 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.<br>SIGNATURE  HOWARD MELAMED 04/25/06<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>  |                              |  |                                 |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>  |                              |  |                                 |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                              |  |                                 |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                              | <b>13. ADDRESS CHANGES ONLY</b>  |                                 |
| DOCUMENT #  | V40081                       | STREET ADDRESS   | 12453 NW 44 <sup>th</sup> ST.   |
| NAME  | L. MELAMED ENTERPRISES, INC. | CITY - ST - ZIP  | CORAL SPRINGS, FL 33065         |
| STREET ADDRESS  | 9625 W. SAMPLE RD.           | STREET ADDRESS   |                                 |
| CITY - ST - ZIP   | CORAL SPRINGS, FL 33065      | CITY - ST - ZIP  |                                 |
| DOCUMENT #  |                              | STREET ADDRESS   |                                 |
| NAME  |                              | CITY - ST - ZIP  |                                 |
| STREET ADDRESS  |                              | STREET ADDRESS   | 188874659241                    |
| CITY - ST - ZIP   |                              | CITY - ST - ZIP  | 05/16/06--01016--016 **\$500.00 |
| DOCUMENT #  |                              | STREET ADDRESS   |                                 |
| NAME  |                              | CITY - ST - ZIP  |                                 |
| STREET ADDRESS  |                              | STREET ADDRESS   |                                 |
| CITY - ST - ZIP   |                              | CITY - ST - ZIP  |                                 |
| DOCUMENT #  |                              | STREET ADDRESS   |                                 |
| NAME  |                              | CITY - ST - ZIP  |                                 |
| STREET ADDRESS  |                              | STREET ADDRESS   |                                 |
| CITY - ST - ZIP   |                              | CITY - ST - ZIP  |                                 |
| 14. I hereby certify that the information supplied with this filing 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:  |                              | DATE: 04/25/06 DAYTIME PHONE: 954-340-9085   |                                 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                              | <small>DATE DAYTIME PHONE #</small>  |                                 |

STAPLE CHECK HERE