2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A9400001480 FILED THE EDITH A. BERLIN FAMILY LIMITED PARTNERSHIP 08 APR 23 AM 8: 21 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 7167 VIA PALOMAR 7167 VIA PALOMAR BOCA RATON, FL 33433 BOCA RATON, FL 33433 01112008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0531109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERLIN, EDITH A DO NOT WRITE 7167 VIA PALOMAR BOCA RATON, FL 33433 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, 2008, 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. DOCUMENT # NAME BERLIN, EDITH A TRUSTEE 7167 VIA PALOMAR STREET ADDRESS 05AA081A8484032 CITY-ST-ZIP BOCA RATON, FL 33433 DOCUMENT # Linda B. Levine NAME 540 Rebbie Creek Way STREET ADDRESS Plantation, FL 33304 CITY - ST- ZIP DOCUMENT # Ronney B. Wiener 16505 Braeburn Ridge Trail DO NOT WRITE STREET ADDRESS Delray Beach, FL 33446 CITY-ST-ZIP IN THIS SPACE DOCUMENT # Steven Berlin 36011 Spinnaker Circle STREET ADDRESS Laves, DE 19958-5023 CITY-ST#ZIP DOCUMENT # STORET ADDRESS 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:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP