2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A95000000637

1. Entity Name
CHARTER COMMERCE PARTNERS, LTD.

FILED
07 MAY 18 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04192007 Chg-LP CR2E003 (12/06)

Principal Place of Business	Mailing Address
1674 MERIDIAN AVE., STE. 201 MIAMI BEACH, FL 33139	1674 MERIDIAN AVE., STE. 201 MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 33-0585399 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSKOWITZ, IRVING I 1674 MERIDIAN AVE., STE. 201 MIAMI BEACH, FL 33139	Name: Cherna Moskowitz Street Address (P.O. Box Number is Not Acceptable): 1674 Meridian Avenue Suite 201 City: Miami Beach FL Zip Code: 33139

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 Cherna Moskowitz — Signature, typed or printed name of registered agent and title if applicable

Cherna Moskowitz 04/19/07 — 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F95000001924	STREET ADDRESS	100103703501
NAME	ALTER INC	CITY-ST-ZIP	06/01/07--01017--017 **508.75
STREET ADDRESS	1674 MERIDIAN AVE., STE. 201		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 Cherna Moskowitz — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Cherna Moskowitz 04/19/07 — Date

305-604-9992 — Daytime Phone #