2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

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SECRETARY OF STATE **DOCUMENT # A95000000645** DIVISION OF CORPORATIONS WEINER FAMILY LIMITED PARTNERSHIP # 1 05 JUL -7 AM 9: 41 Principal Place of Business Mailing Address 3210 S OCEAN BLVD 3210 S OCEAN BLVD #301 HIGHLAND BEACH, FL 33487 HIGHLAND BEACH, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 CR2E003 (10/03) Chg-LP City & State Applied For City & State 4. FEI Number 65-0497699 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEINER FAMILY HOLDING CORP. Street Address (P.O. Box Number is Not Acceptable) 3210 S OCEAN BLVD #301 HIGHLAND BEACH, FL 33487 City Zip Code 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 9. Capital Contributions 10. Amount of Capital Contributions \$1,223,706.00 in FLORIDA to date as Shown on record. 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 ADDRESS CHANGES ONLY 13. DOC!#MENT # P94000034385 STREET ADDRESS NAME WEINER FAMILY HOLDING CORP. 3210 S OCEAN BLVD #301 STREET ADDRESS CITY-ST-ZIP SCITY-ST-ZIP HIGHLAND BEACH, FL 33487 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 400057644164 07/19/05--01006--023 **526. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 es. War Tam Holling 7

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