2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A95000000830 1. Entity Name GROSVENOR PARTNERS, LTD. 06 MAR 17 AM 8: 25 Principal Place of Business Mailing Address 4750 NE 23RD AVENUE 4750 NE 23RD AVENUE FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address 223 CORAL 223 CORAL LANE Suite, Apt. #, etc. 03112006 Chg-LP CR2E003 (11/05) City & State BEACH City & State 4. FEI Number Applied For PALM BEACH FL 65-0389292 Not Applicable Zip 33480 Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVELLINO FRANK J. AVELLINO, FRANK J Street Address (P.O. Box Number is Not Acceptable) 4750 NE 23RD AVENUE FT. LAUDERDALE, FL 33308 City PALM BEACH Zip Code 334 80 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 Frant J. Avelling FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 ADDRESS CHANGES ONLY DOCUMENT # GP9600000513 STREET ADDRESS 223 CORALLANE MAYFAIR VENTURES, G.P. NAME STREET ADDRESS 4750 NE 23RD AVENUE CITY-ST-21P PALM BEACH FL 33+80 CITY-ST-7IP FORT LAUDERDALE, FL 33308 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # 300069543483 STREET ADDRESS NAME /05/06--01038---006 STREET ADDRESS CITY - ST-ZIP CITY-51-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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 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 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 Frank J. Avellino 6P

FILED

3/11/06 561-307-7699