2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -9 AM 10: 07

DOCUMENT # A95000001082

1. Entity Name
GUGEL EAST COAST LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
3861 NE 15TH AVE. POMPANO BEACH, FL 33064	P.O. BOX 976 AUBURNDALE, FL 33823

2. Principal Place of Business	3. Mailing Address
610 W. Las Olas Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33312 Country: Broward	Zip Country

05012006 Chg-LP CR2E003 (11/05)

4. FEI Number: 59-3338746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUGEL MANAGEMENT CORP. ~~P.O. BOX 976~~ ~~AUBURNDALE, FL 33823~~	Name Street Address (P.O. Box Number is Not Acceptable) 610 W. Las Olas Blvd. City Ft. Lauderdale FL Zip Code 33312

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 _____ DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P95000054570	STREET ADDRESS	610 W. Las Olas Blvd.
NAME	GUGEL MANAGEMENT CORP.	CITY-ST-ZIP	Ft. Lauderdale, FL 33312
STREET ADDRESS	3861 NE 15TH AVE.		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 Donald C. Gugel 4/27/06 863 551 1707
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE Daytime Phone #
PARTNER

Ms. Gugel authorized chg. of Registered Office via phone.

Ck 1279 - 150 —
4/27/06 Newk #1335
500 —