2006 LIMITED PARTNERSHIP ANNUAL REPORT

STREET ADDRESS C(TY-ST-ZIP

SIGNATURE:

FILED

Daytime Phone #

Due By May 1, 2006				Jan 17, 2006 08:00 AM	
DOCUMENT # A95000001282				Secret	tary of State
1. Entity Name FLORIDA CLUB CARE CENTER OPERATING CO., LIMITED					
Principal Place 220 SIERRA I MIAMI, FL 33	DRIVE	Mailing Address 1114 WYNWOOD AVENUE CHERRY HILL, NJ 08002		£ 145% EK 2015 EK 1016 EK 11 EE 11 166% DE	K BBIN BBKBN KRKB HIBBS SBNB KKBIN BS IBBS
_				01042006 No Chg-LP CR2E003 (11/05)	
DO NOT WRITE IN THIS SPACE			ACE	4. FEI Number 22-3325261	Applied For Not Applicab
1				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		<u> </u>	· Joseph
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			-	DO NOT W	
the obligat	named entity submits this statemer ions of registered agent. Signature, typed or printed name of registered is	nt for the purpose of changing its regis	itered office or registe	red agent, or both, in the State of FI	orida. I am familiar with, and accept
	FILE N	IOW!!! FEE IS \$500.00 I, 2006, Fee will be \$900.00		ļ	
	A GENERAL PARTNE	R THAT IS A BUSINESS ENTITY MAY NOT be changed on the fo	MUST BE REGIS	TERED AND ACTIVE WITH The must be filed to change a g	ilS OFFICE. eneral partner,
12.		NER INFORMATION			
DOCUMENT #	F95000004136 OZAL, INC.	ł			
STREET ADDRESS	1114 WYNWOOD AVENUE				
CITY-ST-ZIP OCCUMENT # NAME STREET ADDRESS - CITY-ST-ZIP	CHERRY HILL, NJ 08002			110000 01/20/08	0398803 -80019-025 500.00
DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	
DOCUMENT # NAME SIREET ADDRESS CITY: ST-ZIP			•	IN THIS SP	ACE
CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				·	
DOCUMENT # NAME					

14. I hereby certify that the intermation supplied with this killing does not qualify for the exemptions contained in Chapter 119, Florida Statutas, 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 cath; that I am a General Panner of the limited partnership or the receiver or trustee empowered to execute his report as required by Chapter 620, Florida Statutes.

SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER