2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

RICHARD STANTON

May 06, 2006 08:00 AM Secretary of State **DOCUMENT # A96000000083** 1. Entity Name SHILOH FAMILY, LTD. Principal Place of Business Mailing Address 5775 WEST HALLANDALE BEACH BLVD. 5775 WEST HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 65-0625504 Not Applica⊈ Zio Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHN, ALAN B Street Address (P.O. Box Number is Not Acceptable) C/O ABRAMS, ANTON, ROBBINS, RESNICK 2021 TYLER ST. HOLLYWOOD FL 33022 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 Signature, typed or printed harne of registered agent and title if applicable. DATE FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 # STREET ADDRESS NAME STANTON, RICHARD STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. C(TY-S1-Z)P CHY-SI-ZIP HOLLYWOOD FL 33023 <u> U00000542146</u> 05/10/06-80086-006 500.00 DOCUMENT A STREET ADDRESS NAME STANTON, LINDA STREET ADDRESS 5775 WEST HALLANDALE BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33023 DOCUMENT # SIREE LADORESS 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 COY-ST- OP CITY-ST-ZIP DOCUMENT # SURFET ADDRESS 2022/15 STREET ADDRESS City-St-ZiP DITY-ST-ZIP 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 62D, Florida Statutes.

4/26/06

954-966-8430

FILED