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SECRE JARY OF STATE
ALLAHASSEE. FLORIDA 2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005 DOCUMENT # A96000000448** KANTER INVESTMENTS NO. 3., LTD. Principal Place of Business Mailing Address 9852 WINDISCH ROAD 9852 WINDISCH ROAD WEST CHESTER, OH 45069 WEST CHESTER, OH 45069 2 Principal Place of Business 4770 Biscayne Blvd. 3. Mailing Address 4770 Biscayne Blvd. Suite, Apt. #, etc.
Suite 1150 Suite, Apt. #, etc. 04252005 Chg-LP CR2E003 (10/03) Suite 1150 Miami, F1 3337 City & State
Miami. Fl 4. FEI Number Applied For 31-1460607 Not Applicable Country USA CountryUSA Zip 33137 <sup>Zip</sup>33137 \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPDIRECT AGENTS, INC. CORPORATION SERVICE COMPANY Street Address (R.O. Box Number is Not Acceptable)
North Heridian Street 1201 HAYS STREET TALLAHASSEE, FL 32301 Lower Level City FL 32301 Tallahassee 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 9. Capital Contributions 10. Amount of Capital Contributions \$1,100.000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P94000062396 DOCUMENT # 4770 Biscayne Blvd., #1150 STREET ADDRESS JHK INVESTMENTS, INC. 9852 WINDISCH ROAD STREET ADDRESS CITY - ST - 21P Miami, F1 33137 CITY-ST-ZIP WEST CHESTER, OH 45069 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS <u>500054332765</u> 05/12/05--01060--009 \*\*526.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOC MENT . STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

STAPLE CHECK HERE

SIGNATURE: