2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A96000001966** 1. Entity Name 05 FEB 23 AM 8: 49 MARMORSTEIN FAMILY PARTNERSHIP NO. I, LTD. Principal Place of Business Mailing Address 12466 S.W. 128TH STREET 12466 S.W. 128TH STREET MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 CR2E003 (10/03) Cha-LP City & State City & State 4. FEi Number Applied For 65-0703131 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent enw RASCO, REININGER, PEREZ & ESQUENAZI, P.L. Street Address (P.O. Box Number is Not Acceptable) 283 CATALONIA AVE., 2ND FLOOR CORAL GABLES, FL 33134 City Zip Code FL 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 \$10,000.00 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 12. 13. P96000083423 DOCUMENT # STREET ADDRESS MARMORSTEIN FAMILY ENTERPRISES, INC. STREET ADDRESS 12466 SW 128TH STREET CITY-ST-ZIP CITY - ST - ZIP MIAMI, FL 33186 DOCUMENT # STREET ADDRESS NAME 600047978296 STREET ADDRESS CITY - ST - ZIP. CITY-ST-ZIP 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-7IP CITY-ST-ZIP DUCUMENT # STREET ADDRESS N-ME SHEET ADDRESS CITY - ST - ZiP CIT ST-ZIP-14. If hereby certify that the information supplied with this filing 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 SIGNATURE:

- FILED