2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE: BY

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A96000002250 1. Entity Name WOLS, LTD. Principal Place of Business Mailing Address 3400 NE 34 STREET, #101 FORT LAUDERDALE FL 33308 3400 NE 34 STREET, #101 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FEI Number Applied For 65-0714980 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLOFSKY, HOWARD Street Address (P.O. Box Number is Not Acceptable) 3400 NE 34TH STREET, #101 FT LAUDERDALE FL 33308 City Zin 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 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE Signature, typed or printed name of registered agent and file if applicable DATE See Block 11 instructions for fee info. 9. Capital Contributions 10. Amount of Capital Contributions \$2,412,500,00 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 12, DOCUMENT # P96000099041 STREET ADDRESS NAME EDH CORP. STREET ADDRESS 3400 NE 34 STREET, #101 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 DOCUMENT # P97000016368 STREET ADDRESS NAME EDB CORP. STREET ADDRESS 3400 NE 34 STREET, #101 U00000347341 CHY-SI-7/P CITY-ST-ZIP 04/30/05-80112-009 535.00 FORT LAUDERDALE FL 33308 DOCUMENT # STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS STRFFT ADDRESS C11Y-ST-ZIP CITY-ST-ZIP DOCUMENT # SIFEETADORESS NAME STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 14. I 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

THE PRINTED NAME OF SIGNING GENERAL PARTNER

FILED