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

	DOCUMENT # A96000002250 1. Entity Name WOLS, LTD.						FILED 06 MAY - I AM 8: 51
	3400 NE 34	00 NE 34 STREET, #101 3400 h		iling Address DO NE 34 STREET, #101 RT LAUDERDALE FL 33308			SECRETARY OF STATE TALLAHASSEE FLORIDA
	2700 M Suite, Apt. # 108 Gly & State HOLLY Zip 3305	#, etc. e Country Country S 6. Name and Address of Current			L Iry		1st MOORE CR2E003 (10/05) 4. FEI Number 65-0714980 Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
	WOLOFSKY, HOWARD \$400 NE \$4TH STREET, #101 FT LAUDERDALE FL 33308-				Street Address (P.O. Box Number is Not Acceptable) 27.00 NORTH 39 AVE. # 108 City HOLLYWOOD FL Zip Code 33.02.0		
	8. The above named entity submits this statement for the purpose of changing its reaccept the obligations of registered agent. SIGNATURE Signature, typed or proted name of registered agent and little if applicable. FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will I				900. *** UST BE RE	Mak GIST	e check payable to Fiorida Department of State. ERED AND ACTIVE WITH THIS OFFICE.
}	12.	NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION			; an amend	ment	ADDRESS CHANGES ONLY
	DOCUMENT # NAME STREET ADDRESS	P9600099041 EDH CORP. 3400 NE 34 STREET, #101			ET ADDRESS	27c	00 NORTH 29th AVE. #108
	City-St-ZIP DOCUMENT # NAME	P97000016368 EDB CORP.			<i>F</i>		LYWOOD, FL 33020 00 NORTH 2912 AVE #108
		3400 NE 34 STREET, #101- FORT LAUDERDALE FL 33308		CITY-	ST. 7/P	1	LYWOOD, FL 33020
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ss			ET ADDRESS -ST-ZIP		·
	DOCUMENT # NAME STREET ADDRESS				ET ADDRESS -ST-ZIP		600075012776 05/22/0601004030 **500.00
	DOCUMENT #			STREI	ET ADDRESS		03/22/0601004030 **500.00
	STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-@IP				ET ADDRESS 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 partner of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes EDH CORP.						
	SIGNAT	NATURE: 84 106 (954)929-(122) Cosylino Prone #					

PHINTED NAME OF SIGNING GENERAL PARTNER