2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Jan 11, 2007 08:00 AM **DOCUMENT # A97000000824 Secretary of State** WOOL FAMILY, LTD. Mailing Address Principal Place of Business 2506 PRINCETON CT. 2506 PRINCETON CT. FT LAUDERDALE, FL 33327 FT LAUDERDALE, FL 33327 01062007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0764649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COHN, ALAN B C/O ABRAMS, ANTON, ROBBINS, RESNICK, ETAL 2021 TYLER STREET IN THIS SPACE HOLLYWOOD, FL 33022 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 name of registered agent and title if applicable. DATE 000000583459 FILE NOWILL FEE IS \$500.00 |01/11/07-80073-008 500**.**00 After May 1, 2007, Fee will be \$900.00 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 DOÇUMENT # NAME LOPATIN, SUSAN STREET AOORESS 2506 PRINCETON CT. CITY-ST-ZIP FT LAUDERDALE, FL 33327 DOCUMENT # NAME WOOL, RANDY STREET ADDRESS 2506 PRINCETON CT. CITY-ST-ZIP FT LAUDERDALE, FL 33327 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 620, Florida Statutes

SIGNATURE:

STAPLE CHECK

NAME STREET ADDRESS CiTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7(P