2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A97000001605 1. Entity Name 06 MAR 27 AM 11: 12 GLAŚSMAN REALTY, LTD. Principal Place of Business Mailing Address 1000 SOUTH FEDERAL HIGHWAY 1000 SOUTH FEDERAL HIGHWAY **BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0775618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRECKER, CHARLES D ESQ Street Address (P.O. Box Number is Not Acceptable) STEARNS WEAVER C/O KATZ, BARRON, ET AL 100 NE 3RD AVE., #280 200 E. LAS OLAS BLUD. . FT. LAUDERDALE, FL 33301 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P97000062969 DOCUMENT # STREET ADDRESS NAME L&S GLASSMAN, INC. 1000 SOUTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33435 800069929968 04/10/06--01027--020 ***50 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 4 STREET AODRESS CITY-ST-ZIP CITY-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 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

LARRY D. GLASSMAN

FILED