2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 FILED Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # A97000001867** JMM REAL ESTATE HOLDINGS, LIMITED PARTNERSHIP Mailing Address Principal Place of Business C/O IMM REAL ESTATE HOLDINGS, INC. 11808 GREYSTONE DRIVE 11808 GREYSTONE DRIVE BOCA RATON, FL 33428 BOCA RATON, FL 33428 04162006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0793539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent JMM REAL ESTATE HOLDINGS, INC. DO NOT WRITE 11808 GREYSTONE DRIVE BOCA RATON, FL 33428 IN THIS SPACE 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, 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. P97000074633 DOCUMENT # JMM REAL ESTATE HOLDINGS, INC. NAME STREET ADDRESS 11808 GREYSTONE DRIVE CITY-ST-ZIP BOCA RATON, FL 33428 DOCUMENT# NAME U00000537435 05/09/06-80019-002 150.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 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 cath; 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

SIGNATURE AND TYPED ON FRINTED NAME OF SIGNING GENERAL PARTNER

24/06

561 482-4864