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

STAPL

SIGNATURE: Deler Braceine

Mar 27, 2006 08:00 AM **DOCUMENT # A97000002688** Secretary of State f. Entity Name KORMAN INVESTMENTS LIMITED PARTNERSHIP Mailing Address Principal Place of Business 2216 N DIXIE HWY 2216 N DIXIE HWY BOCA RATON FL 3:1431 **BOCA RATON FL 33431** 2. Principal Place of B Islness 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State 65-0798746 Not Applicate Country Zio \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHUETZ, INGEBORG Street Address (P.O. Box Number is Not Acceptable) 2121 N. OCEAN BLVD #309W **BOCA RATON FL 33431** City Zip 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. Signature, by ed or printed nears of registered agent and title if applicable. DATE FILE NOW!!! Fig is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. J GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOT E: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # L010000 21743 STREET ADDRESS NAME KS INVESTMENTS, LLC STREET AUDRESS 2216 N DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP BOCA RITON FL 33431 000000482725 04/11/06-80088-010_50n_00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDCUMENT # STREET ADDRESS NAME STREET ADDRESS CUY-ST-ZF CITY - ST-ZIP DOCUMENT # STREET ADDRESS SYREET ADDITESS CITY-ST-ZIP CITY-SI-7IP 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 true lee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED

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