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

CITY-ST-ZIP

SIGNATURE:

## May 02, 2006 08:00 AN Secretary of State **DOCUMENT # A98009000865** INVERSIONES PLC, LTD. Principal Place of Business Mailing Address 420 LINCOLN ROAD, SUITE 330 P.O. BOX 191679 MIAMI BEACH, FL 33139 MIAMI, FL 33119-1679 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0825688 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PLC INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN ROAD, SUITE 330 MIAMI BEACH, FL 33139 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 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 MITHER SOFTISE NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES O DOCUMENT # P98000029662 STREET ADDRESS NAME INVERSIONES PLC, INC. STREET ADDRESS 420 LINCOLN ROAD, SUITE 330 City-St-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33139 DOCUMENT # STREET ADDRESS 100000557848 NAME STREET ADDRESS 05/17/06-80065-013 500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS MARJE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 it made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute it is report as required by Chapter 620, Florida Statutes

INVERSIONES PLC INC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

FILED