2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 13, 2006 08:00 AM Secretary of State

| C | OCUMENT | #A98000001304 |
|---|--|---------------|
| | F . 10 to 10 | |

Entity Name

MIAMI ONE INDUSTRIAL, LTD.



Principal Prace of Business

5009 N HIATUS RD SUNRISE, FL 33351 Mailing Address

5009 N HIATUS RD SUNRISE, FL 33351



DO NOT WRITE IN THIS SPACE

03062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0838974 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPERMAN, STEVEN J 5009 N HIATUS RD SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

| | | IN | HIS SPACE |
|----------------------------|---|--|--|
| 8. The above the obliga | e named entity submits this statement for the purpose of changing its tions of registered agent. | s registered office or registered agent, or bo | th, in the State of Florida am familiar with, and accept |
| SIGNATURE | | | |
| | Signature, types or printed name of registered agent and life if applicable | | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$90 | 0.00 | |
| | A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on t | ITITY MUST BE REGISTERED AND A | ACTIVE WITH THIS OFFICE. |
| 12. | GENERAL PARTNER INFORMATION | | |
| DOCUMENT F | P98000046792 | | |
| NAME | SAREO CORPORATION | | |
| STREET ADDRESS | 5009 N HIATUS RO | 1 | |
| C1TY _ CT _ 719 | CUMPLET FL 20074 | t | |

##00000465517 | 03722706-80048-012-500.00

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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # 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 if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NATURE AND TYPED OR SAINTED NAME OF SIGNING GENERAL PARTNER

3/7/06

954 572 7410

Dayrron Phone #