2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State Due By May 1, 2006 DOCUMENT # A98000001517 1. Entity Name PERLICK INVESTMENTS, LTD. Principal Place of Business Mailing Address 2770 SOUTH OCEAN DRIVE. #401 - NORTH 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480 PALM BEACH, FL 33480 04202006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0863781 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERLICK, ESTHER DO NOT WRITE 2770 SOUTH OCEAN DRIVE, #401 - NORTH PALM BEACH, FL 33480 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. 11/11/00/0535449 115768768-86655-001 _รดก_กดี Signature, typed or printed name of registered agent and title if applicable 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. DOCUMENT # NAME PERLICK, ESTHER TRUSTEE STREET ADDRESS 2770 SOUTH OCEAN DRIVE, #401 - NORTH CITY-ST-ZIP PALM BEACH, FL 33480 DOCUMENT # NAME 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

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

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-24-06

561-582-131

PERLICK