2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Feb 20, 2006 08:00 AM **DOCUMENT # A98000001619 Secretary of State** 1. Entity Name RELDA GROUP, LTD. Principal Place of Business Mailing Address 6498 NW 31 TERRACE 6498 NW 31 TERRACE BOCA RATON, FL. 33496 BOCA RATON, FL 33496 01292006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0873061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ADLER, STEVE DO NOT WRITE 6498 N.W. 31ST TERRACE BOCA RATON, FL 33496 IN THIS SPACE 3. 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 familier with, and accept the obligations of registered agent, Signature, typed or preted name of registered agent and title if applicable. DATE FILE NOWIN FEE 18 \$500.00 After May 1, 2006, Fee win 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. P88000058750 DOCUMENT # NAME S3 PARTNERS, INC. STREET ADDRESS **6498 NW 31 TERRACE** CITY-ST-ZIP **BOCA RATON, FL 33496** DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP (#)000#1440143 <u>#3702705-800</u>80-001-500.00 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CUTY-ST-ZP 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 it made under path; that I am a General Partner of the finited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

150 150 STREET ADDRESS CITY-ST-ZP OCCUPATION # NAME STREET ADDRESS CTTY-ST-ZIP

SISMATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBRAL PARTIES.

2/2/06

561-994-6307