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

STAPLE CHECK HERE

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNÉR

## **FILED** Apr 17. 2006 08:00 AN

| DOCUMENT # A9800001726  1. Entity Name WESTON OFFICE PROPERTIES, LTD.                   |   |   |  |  | cretary of State   |
|---|---|---|--|--|--|
| i i   | e of Business<br>IS CIRCLE, SUITE 100<br>33327  | Mailing Address<br>C/O JEROME STERN<br>1920 E. HALLANDALE BEACH<br>HALLANDALE, FL 33009                 | I BLVD., STE. 906  |  |  |
|   |   |   |  |  |  |
|   |   |   |  | 03152006 No Chg-LP  4. FEI Number 65-0850589   | CR2E003 (11/05)  Applied For Not Applicable                                |
|   | 6. Name and Address of Current R  | egistered Agent   |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| KORN, GA<br>20801 BIS<br>AVENTUR  |   |   |  |  |  |
|   | named entity submits this statement for ions of registered agent.   | he purpose of changing its registe  | ered office or register  | ed agent, or both, in the State of Flo   | rida. I am familiar with, and accept                                       |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. |   |   |  |  | 514554   |
|   |   | II FEE IS \$500.00<br>06, Fee will be \$900.00  | الم المنطقة ال | . : November 194729706*  | -80171-021-500,00  |
|   | A GENERAL PARTNER TH<br>NOTE: General Partners MAY  |   |  | ERED AND ACTIVE WITH TH<br>t must be filed to change a ge  |  |
| DOCUMENT #  | GENERAL PARTNER I   | NFORMATION  |  | AMBO PARENTS I   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | WESTON CENTER, INC.<br>2600 GLADES CIRCLE, SUITE 10   |   |  |  |  |
| DOCUMENT #  | WESTON, FL 33327<br>P98000057346  |   | Andrews (  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | A&J WESTON OFFICE GP, INC.<br>1920 E. HALLANDALE BEACH BL<br>HALLANDALE, FL 33009   | VD., STE. 908   |  |  |  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  |   |   |  |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |   |   |  |  |  |
| Document f<br>Name<br>Street address<br>City-St-ZIP                                     |   |   |  |  |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |   |   |  |  |  |
| 14. I hereby of indicated or the reco   | certify that the information supplied with on this report is true and accurate and the ever or trustee empowered to execute the | his filing does not qualify for the atmy signature shall have the san is eport as required by Chapter 6 | exemptions contained<br>ne legal effect as if m<br>120, Florida Stalutes<br>H+ W=- S<br>M: ARTHMA  | in Chapter 119, Florida Statutes. I<br>ade under oath; that 1 am a Genera<br>TON OFFICE 6P1V<br>KAPJON RES. 4/ | further certify that the information at Partner of the limited partnership |