2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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SIGNATURE:

SEC : THE STATE DOCUMENT # A98000002068 1. Entity Name KRUGER FAMILY LIMITED PARTNERSHIP 06 FEB 20 AH 8: 49 Ruth Kruger Mε Ruth Kruger 10350 W Bay Harbor Dr Apt 9F 10350 W Bay Harbor Dr Apt 9F 99 Bay Harbor Is, FL 33154 Bay Harbor Is, FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 65-0861314 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRUGER, RUTH J Ruth Kruger Street Address (P.O. Box Number is Not Acceptable) 8301 S.W. 91ST STREET 10350 W Bay Harbor Dr Apt 9F **MIAMI FL 33156** Bay Harbor Is, FL 33154 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 of bouted name of registered agent and title if applicable. DATE FILE NOW!!! (Fee is \$500) *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 10350 W Bay Harbor Dr Apt 9F NAME KRUGER, RUTH J TRUSTEE Bay Harbor Is, FL 33154 STREET ADDRESS B301 S.W: 91ST STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** DOCUMENT # STREET ADDRESS NAME 700066804287 STREET ADDRESS CITY-ST-7IP 02/28/06--01022--018 **500.00 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT / STREET ADDRESS NAME STREET ADRESS CITY-ST-ZIP CITY-ST-LIP 14. Thereby 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