2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A99000000483

1. Entity Name RAINBOW RETIREMENT INVESTORS, LTD.



FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

6865 N. LINCOLN AVE. LINCOLNWOOD, IL 60712 Mailing Address

C/O NORMAN GINSPARG 3389 SHERIDAN ST., #195 HOLLYWOOD, FL 33021



03172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0908659 Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GINSPARG, NORMAN 12221 WEST DIXIE HIGHWAY N. MIAMI. FL 33161

DO NOT WRITE IN THIS SPACE

| N. MIAWI, FL 33101 | | IN THIS SPACE |
|---|--|--|
| 8. The above the obligat | named entity submits this statement for the purpose of changing its regisions of registered agent. | tered office or registered agent, or both, in the State of Florida. I am familiar with, and acce |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the fo | MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. sm; an amendment must be filed to change a general partner. |
| DOGUMENT / NAME STREET ADDRESS CITY-ST-ZIP | P9900027134 RAINBOW RETIREMENT LIVING, INC. 75 E. 7TH ST. | 04/05/06-80032-020 500.00 DO NOT WRITE IN THIS SPACE |
| DOGUMENT 1 NAME STREET ADDRESS CITY-ST-ZIP | HIALEAH, FL 33010 | |
| DOGUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT (NAME STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP | | |
| DOCUMENT INAME NAME STREET ADDRESS | | |

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 cath; 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:

125

Philip Espines

3-16-06