2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # A9900001159 1. Entity Name KURLAND HOLDINGS LIMITED PARTNERSHIP Mailing Address Principal Place of Business C/O GARY R. GERSON 666 SEVENTY-FIRST STREET MIAMI BEACH FL 33141 C/O GARY R. GERSON 666 SEVENTY-FIRST STREET MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address -Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/04) Applied For City & State 4. FEI Number City & State 65-0934589 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GERSON, GARY R 666 SEVENTY-FIRST STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 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 ti. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and the if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$5,000,000,00 in FLORIDA to date. 700 as Shown on record. 000 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 13. 12. P99000062573 DOCUMENT # STREET ADDRESS KURLAND HOLDINGS, INC. NAME STREET ADDRESS 666 SEVENTY-FIRST STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-7IP CITY - ST - ZIP 04/30/05-80063-009 526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED