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

FILED Jan 27, 2006 08:00 AM DOCUMENT # A99000001812 Secretary of State 1. Entity Name MIRIAM REALTY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 190 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166 190 WESTWARD DR., STE. A MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 65-0957677 Not Applicable Zιp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARRERO, MIRIAM C 550 S.E. 1ST STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33010 City Zio 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, typed or printed name of registered agent and title if applicable 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS U00000404567 MARRERO, MIRIAM C 02/07/06-20004-015-300:00 STREET ADDRESS 550 S.E. 1ST STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP OOCUMENT / STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS COY-SE-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-78P

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 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 1-25-06

Dayfime Phone #

SIGNATURE:

CHECK