2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # A99000001959 MARTINEZ FAMILY INVESTMENTS, LIMITED Mailing Address Principal Place of Business 2700 S.W. 130TH AVENUE 2700 S.W. 130TH AVENUE MIAMI, FL 33175 MIAMI, FL 33175 03272006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0966373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADAMS, FRANK T ESQ. DO NOT WRITE 825 41ST STREET, SECOND FLOOR MIAMI BEACH, FL 33140 IN THIS SPACE 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 or printed name of registered agent and rite if applicable. OATE FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 12. P99000053629 DOCUMENT # MARTINEZ FAMILY INVESTMENTS, INC. 2700 S.W. 130TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 U00000505919 DOCUMENT # 04/27/06-88001-005 500.00 NAME STREET ADDRESS CITY-ST-ZIP DOCAMEN! 1 NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CHY-SI-ZIP DOCUMENT # NAME STREET ADDRESS

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14. I hereby certify that the information supplied with this filling 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 eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIF

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