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

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SIGNATURE

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # B01000000175 1. Entity Name NVCP, LIMITED PARTNERSHIP Principal Place of Business Mailing Address 43 CHEPACHET ROAD AVON CT 06001 43 CHEPACHET ROAD **AVON CT 06001** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State 4. FEI Numbet City & State 06-1490114 Not Applicat Ζip Country \$8.75 Additional Q(Z)Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EASTON, EDWARD Street Address (P.O. Box Number is Not Acceptable) 10165 NW 19TH STREET, EASTON & ASSOC. MIAMI FL 33172 Zio Code City 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, typeu or printed harbood registered agent and this 4 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT! F01000002683 STREET ADDRESS ece.eae PERFITO MANAGEMENT, INC. STREET ADORESS 43 CHEPACHET ROAD U00000504837 CITY-ST-DP CITY-ST-ZIP **AVON CT 06001** N4/26/06-80090-009 508.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-SI-AP CITY-ST-ZIP 14. Thereby 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 path; 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

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