2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B9300000182 SHOOSTER INVESTMENT ASSOCIATES OF FLORIDA, 06 MAR 17 AM 10: 23 LTD. Principal Place of Business Mailing Address 2900 W. SAMPLE ROAD 2900 W. SAMPLE ROAD POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272006 CR2E003 (11/05) Chg-LP City & State City & State 4. FEI Number Applied For 23-2535226 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GY Corporate Services, Inc. VALDES-FAULI CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 500 E. Broward Blvd 500 E BROWARD BLVD. **SUITE 1400** FT LAUDERDALE, FL 33394 Suite 1400 Ft. Lauderdale 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 SIGNATURE Typed or printed form of registed account and title if applicable to the vice-President FILE NOW!!! 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 ADDRESS CHANGES ONLY 12. B00000000394 DOCUMENT # STREET ADDRESS NAME HOSTABIDDABLE ASSOCIATES, L.P. STREET ADDRESS 2900 W. SAMPLE ROAD CITY-ST-ZIP POMPANO BEACH, FL 33073 CITY-ST-ZIP DOCUMENT # <u>500069074435</u> 03/31/06--01003--012 **500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS COY-ST-7IP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 his report as required by Chapter 620, Florida Statutes SIGNATURE:

Daniel H. Shooster, CEO of Shooster Mgt.,

22

FILED