2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 01, 2006 08:00 AN Secretary of State

| DOCUMENT | #B9300000577 |
|----------------|--------------|
| A Park Albania | |

1. Entity Name
MV REALTY LIMITED PARTNERSHIP



Principal Place of Business

801 OLD YORK ROAD, NOBLE PLAZA JENKINTOWN, PA 19046 Mailing Address

801 OLD YORK ROAD, NOBLE PLAZA JENKINTOWN, PA 19046



DO NOT WRITE IN THIS SPACE

04192006 No Chg-LP CR2E003 (11/05)

4. FEI Number 38-3151394 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of changing its regions of registered agent. | pistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept |
|----------------|--|---|
| SIGNATURE - | Signature, typed or printed name of registered agent and title if applicable. | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0 | 0 |
| | | IY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner. |
| 12. | GENERAL PARTNER INFORMATION | |
| DOCUMENT # | A97000002313 | |
| NAME | CRYSTAL PALMS LIMITED PARTNERSHIP | |
| STREET ADDRESS | 801 OLD YORK ROAD, NOBLE PLAZA | |
| CITY-ST-ZIP | JENKINTOWN, PA 19046 | |
| DOCUMENT # | | V00000553702 05/15/06-80063-013 500.00 |
| NAME | | 05/15/06-80063-013 500.00 |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| DOCUMENT # | | |
| NAME | | |
| STREET ADDRESS | | DO NOT WRITE |
| CITY-ST-ZIP | | W. T. U.O. ODA OF |
| DOCUMENT # | | IN THIS SPACE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-SI-ZIP | | |
| DOCUMENT # | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| DOCUMENT # | | |
| NAME | | |
| STREET ADDRESS | \ \ | |
| 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 employered to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIES

4-25,06

Daytme Phone #