.20

SIGNATURE:

CHECK NAME

STAPLE

· ·2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006				1.45000 · = 6		
1. Entity Nam	MENT # B99000000 REAL ESTATE LIMITED PA			06 APR -7 AM 10: 16		
Principal Place of Business PO BOX 87, 22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX CHANNEL ISLANDS,		Mailing Address 255 NE 6TH AVENUE DELRAY BEACH, FL 33483			1 88 1	
2. Principal Place of Business 11.05 N. FEDERAL HUY		3. Mailing Address 1155 N. FEDERAL HUY				
Suite, Apt. #, etc. Suite, Apt. #, etc.			·	02132006 Chg-LP CR2E003 (11/05)		
City & State	ON BRACH, FL	City & State BOYNTON BRACE	H,FC	4. FEI Number Applied 65-0739697 Not App.		
Σiρ 33 Υ∶	Country	Zip 33475	Country 5	5. Certificate of Status Desired Security Securi	τĮ	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
WINTZER, WILLIAM R M 255 N.E. 6TH AVENUE DELRAY BEACH, FL 33483			Street Add	Name WINTZER, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) 11.0 5 N. FENERAL HWY		
			City	BOYNTON BEACH FL Zip Code 3743.		
8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. SIGNATURE Signature, typeo or printed name of registered agent and title if applicable.				egistered agent, or both, in the State of Florida. I am familiar with, and a		
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 A NOTE: General Partners MAY NOT be changed on the form; an amendment must						
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY		
DOCUMENT #	F99000001398 FENSTONE DEVELOPMENTS LI	MITED COMPANY	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	22 GRENVILLE ST. ST. HELIER, JERSEY JE48PX,		CITY-ST-ZIP			
DOCUMENT #			STREET ADORESS	600071642666 04/24/0601064012 **\$AA.AA		
STREET ADDRESS CITY+ST-ZIP			CITY-ST-ZIP			
DOCUMENT # NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT / NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
DOCUMENT #			STREET ADDRESS			
STREET ADDRESS			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 this report as required by Chapter 620, Florida Statutes

(505)758-5090

Daytime Phone #

3/28/.6

UNG GENERAL PAR MER

SIGNATURE AND TYPED OR PRINTED NAME OF SIG