


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

**FILED**

**06 MAY -1 PM 12:30**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

<b>DOCUMENT # A03000000043</b>	
1. Entity Name <b>FLAMINGO PLAZA, LTD.</b>	

Principal Place of Business <b>401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 US</b>	Mailing Address <b>401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04272006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORGAN, GEORGE A 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01645	STREET ADDRESS	
NAME	FLORIDA PROPERTY INVESTMENT PARTNERS, INC	CITY - ST - ZIP	
STREET ADDRESS	401 E. LAS OLAS BLVD., SUITE 1000		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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**05/22/06 01016 024 \*\*500.00**

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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>ROGER GINGERICH, CHIEF FIN. OFFICER OF FLORIDA PROPERTY INVESTMENT PARTNERS, INC.</b> Date <b>4-28-06</b> Daytime Phone # <b>954 522 6010</b>

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