


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JAN 17 AM 8:21

DOCUMENT # A03000001274			
1. Entity Name AC OFFICE ASSOCIATES, LTD.			
Principal Place of Business 1450 MADRUGA AVE., STE. 303 CORAL GABLES, FL 33146		Mailing Address 1450 MADRUGA AVE., STE. 303 CORAL GABLES, FL 33146	
2. Principal Place of Business 1500 San Remo Avenue Suite, Apt. #, etc. Suite 410 City & State Coral Gables, Fl		3. Mailing Address 1500 San Remo Avenue Suite, Apt. #, etc. Suite 410 City & State Coral Gables, Fl	
Zip 33146		Country USA	
4. FEI Number 80-0077023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EBIN, LINDA ESQ COBB & EBIN P.A. 825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$500.00</b> After May 1, 2006, Fee will be \$900.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> 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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000094607 AC OFFICE CORP. 1450 MADRUGA AVE., STE. 303 CORAL GABLES, FL 33146	STREET ADDRESS CITY-ST-ZIP	1500 San Remo Avenue, Suite 410 Coral Gables, Fl 33146
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300064937813 02/01/06--01076--007 **\$10.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: <u>Eusebio J. Coscolluela</u>		Date: <u>1/13/06</u>	Daytime Phone #: <u>305-662-6840</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE