2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A0400000938

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

INTELLIFLEX - DANIELS PARKWAY, LTD.



FILED Feb 02, 2006 08:00 AM Secretary of State

Principal Place of Business

6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487 Mailing Address

6530 WEST ROGERS CIRCLE, STE. 31 BOCA RÁTON, FL 33487



01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 20-1261416 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEDER, SEAN M 6530 WEST ROGERS CIRCLE, STE. 31 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
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 Sprature, typod or printed name of registered agent and title if applicable		
	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	
DOGUMENT # NAME STREET ADDRESS	EBE INTELLIFLEX - DANIELS PARKWAY GP, LLC 6530 WEST ROGERS CIRCLE, STE. 31	U00000415912 02/11/06-80102-007 500.00
GITY-ST-ZIP	BOCA RATON, FL 33487	02/11/05-80102-007 500.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER