500.00

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000002107

1. Entity Name
THE FLOREAL HOLDINGS, LLLP

FILED
06 FEB 14 AM 11:17

Principal Place of Business	Mailing Address
978 WINDWARD WAY WESTON, FL 33327	978 WINDWARD WAY WESTON, FL 33327

02032006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
2999 NE 191st Street	2999 NE 191st Street
Suite, Apt. #, etc.: PH-8	Suite, Apt. #, etc.: PH-8
City & State: AVENTURA, FL	City & State: AVENTURA, FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 20-3835692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRISALES-RACINI, OSCAR ESQ 2999 N.E. 191ST STREET CONCORDE CENTRE II, PH-8 AVENTURA, FL 33180	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 2/2/06
Signature, typed 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000098964	STREET ADDRESS	2999 NE 191st Street, PH-8
NAME	THE FLOREAL, LLC	CITY-ST-ZIP	AVENTURA, FL 33180
STREET ADDRESS	978 WINDWARD WAY		
CITY-ST-ZIP	WESTON, FL 33327		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000006679416BH 02/28/06--01016--005 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 2/2/06 305/782 4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #