


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAY -1 AM 9:41

DOCUMENT # A08836		
1. Entity Name ADMIRAL '80, LTD.		

Principal Place of Business 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647	Mailing Address 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-1999500	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  OLSON, NORMAN D. SUITE #5 2400 N.W. BOCA RATON BLVD. BOCA RATON FL 33431-6647	
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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.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
STREET ADDRESS	OLSON, NORMAN D.	CITY - ST - ZIP	
CITY - ST - ZIP	2400 N.W. BOCA RATON BL. BOCA RATON FL		800074151468 05/08/06--01017--003 **8.75
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	ECKHOUSE, RICHARD H.	CITY - ST - ZIP	
CITY - ST - ZIP	2400 N.W. BOCA RATON BL. BOCA RATON FL		800074151468 05/08/06--01017--004 **500.00
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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:  Norman D. Olson

31Dec05

STAPLE CHECK HERE