

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

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22132**

1. Entity Name  
18100 COLLINS AVENUE SHOPPING CENTER, LTD.



Principal Place of Business  
17100 COLLINS AVENUE  
SUITE 225  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
17100 COLLINS AVENUE  
SUITE 225  
SUNNY ISLES BEACH, FL 33160



02032006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2663220

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KATZ, RAANAN  
17100 COLLINS AVE  
SUITE 225  
SUNNY ISLES BEACH, FL 33160

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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**

DOCUMENT # M27776  
NAME R.K. ASSOCIATES #1, INC  
STREET ADDRESS 17100 COLLINS AVE. STE225  
CITY-ST-ZIP SUNNY ISLES BCH, FL

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CITY-ST-ZIP

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UN00000412608  
03/04/06 00027-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

David Katz 2/15/06 305-949-4110

STAPLE CHECK HERE