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

DO NOT WRITE IN THIS SPACE

FILED Mar 06, 2006 08:00 AM Secretary of State

DOCL	JMENT	#A28016
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 Entity Name BROWARD GARDENS ASSOCIATES, LTD.



Principal Place of Business

818 W BROOKS AVE NORTH LAS VEGAS, NV 89030 Mailing Address

818 W BROOKS AVE

NORTH LAS VEGAS, NV 89030



02102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-6921283

Applied For Not Applicable

5. Certificate of Status Desired

58.75 Additional

PUTNAM, PAULA 621 NW 2ND STREET OCALA, FL 34475

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The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Flori	da. I am familiar with, and accept
the obligations of registered agent.	•

SIGNATURE

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

6. Name and Address of Current Registered Agent

DATE

FILE NOWIII FEE IS \$500.00 After May 1, 2008, 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.

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12.	GENERAL PARTNER INFORMATION
DOCUMENT #	
NAME	BIRD, ALLAN S.
STREET ADDRESS	818 W BROOKS AVE
GITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
DOCUMENT #	F93000001192
NAME	REAL PROPERTY SERVICES CORP.
STREET ADDRESS	818 W BROOKS AVE
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
DOCUMENT #	
HAME	
STREET AGORESS	
ENTY-ST-209	
DOGUMENT #	
NAME	
STREET ADDRESS	
CATY-ST-ZUP	
DOCUMENT #	

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14. It hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is keep and accurate and that my signature shall have the same legal effect as if made under cath; that I am a General Partner of the limited partnership or the receiver or trusted empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MAME

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

SIGNATURE AND TITED OR PRINTED NAME OF SIGNING

GENERAL PARTNER

February 28, 2006 702/315-5194

ite

Daytime Phone #