2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006				Apr 24, 2006 08:00	
1. Entity Nan	MENT # A9600000 oLdings, Ltd.	11382		Se	cretary of Stat
3 GROVE ISL	Incipal Place of Business GROVE ISLAND DRIVE, SUITE 1604 JAMI, FL 33133 Mailing Address 3 GROVE ISLAND DRIVE, SUITE 1604 MIAMI, FL 33133				
DO NOT WRITE IN THIS SPACE				04112006 No Chg-LP	
				65-0679735 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		1	, 00 tadosoo
NELSON, BARRY A NELSON & LEVINE, P.A. 2775 SUNNY ISLES BLVD., SUITE 118 NORTH MIAMI BEACH, FL 33160			DO NOT WRITE IN THIS SPACE		
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its reg	istered office or registe	red agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	· · · · · · · · ·	2 1 1 1 4 1 4 1 21 11 7	- BATE
	After May 1,	OWI!! FEE IS \$500.00 2006, Fee will be \$900.0		•	
	A GENERAL PARTNER NOTE: General Partners &	THAT IS A BUSINESS ENTIT MAY NOT be changed on the I	Y MUST BE REGIS orm; an amendmen	TERED AND ACTIVE WITH THE it must be filed to change a ge	IS OFFICE. eneral partner.
12.	GENERAL PARTN	ER INFORMATION		, , , , , , , , , , , , , , , , , , , ,	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P9600053015 NANEL HOLDINGS CORP. 3 GROVE ISLAND DRIVE, SU MIAMI, FL 33133	ITE 1604		HDDO	100530978
DOCUMENT # NAME STREET ADDRESS CITY ST-ZIP)6-80019-806 500.D
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		,		DO NOT WE	RITE
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP				IN THIS SPA	ACE
DOCUMENT 4					

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 about at any 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 employered to execute this report as required by chapter 50, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

NAME STREET ADDRESS SITY-ST-ZIP DOCUMENT # NAME

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER