## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED**

	Due By Ma	ıy 1, 2006	*	Mav.	01, 2006 08:00
1. Entity Narr	MENT #A97000000 ARDENS WASERSTEIN, LT				ecretary of State
Principal Place of Business Mailing Address  1655 DREXEL AVENUE, SUITE 208 1655 DREXEL AVENUE, SUITE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139		E 208			
D	O NOT WRITE	IN THIS SPA	CE	04182006 No Chg-LP  4. FEI Number 65-0756294  5. Certificate of Status Desired	CR2E003 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Regulred
6. Name and Address of Current Registered Agent					
WASERSTEIN, CARLOS 1655 DREXEL AVENUE, SUITE 212 MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	ared office or register	ed agent, or both, in the State of F	forida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.				1.25 2 2.5.2	. 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		in, an amendinen	t mast be med to change a g	general partiter.
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000025249 MIAMI GARDENS WASERSTEIN, 1655 DREXEL AVENUE, SUITE 20 MIAMI BEACH, FL 33139	INC.			
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP				U0000 05/15/06	0554206 -80082-025 508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
DOCUMENT / NAME STREET ADDRESS				IN THIS SP	ACE

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 frue 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 trusteelempowered to execute this reportas required by Chapter 620, Florida Statutes

SIGNATURE: .

STAPLE CHECK HERE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

4/20/06 305-672-774

Daylime Phone #