



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

<b>DOCUMENT # A97000001698</b>			
1. Entity Name <b>THE EMERALD COAST EMPORIUM LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>2333 BRICKELL AVENUE, D-1 MIAMI FL 33129</b>		Mailing Address <b>2333 BRICKELL AVENUE, D-1 MIAMI FL 33129</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
**06 MAY -1 PM 1:21**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

4. FEI Number <b>65-0782310</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DAVID, MARY ANN ESQUIRE 2333 BRICKELL AVENUE, D-1 MIAMI FL 33129</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 lid 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 #	P97000059926	STREET ADDRESS	
NAME	THE EMERALD COAST EMPORIUM, INC.	CITY-ST-ZIP	<b>600075026716</b> <b>05/22/06--01040--023 **500.00</b>
STREET ADDRESS	2333 BRICKELL AVENUE, SUITE D-1	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Norman S. Rosen**

**4/25/06**

**305.859.4900**

Date

Daytime Phone #

STAPLE CHECK HERE