2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A98000001876
1. Entity Name
KNARF 1489, LTD.

Principal Place of Business	Mailing Address
5455 N. FEDERAL HWY, SUITE I BOCA RATON, FL 33487	5455 N. FEDERAL HWY, SUITE I BOCA RATON, FL 33487

04212006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0855560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUBIN, FRANK L 5455 N. FEDERAL HWY, SUITE I BOCA RATON, FL 33487	Name: Fairman & Associates Street Address (P.O. Box Number is Not Acceptable): 4281 NW 1st Avenue City: Boca Raton FL Zip Code: 33431

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] 4/25/06
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000067735	STREET ADDRESS	
NAME	KNARF 1489, INC.		
STREET ADDRESS	5455 N. FEDERAL HWY, SUITE I	CITY-ST-ZIP	200075026262 05/22/06--01040--011 **500.00
CITY-ST-ZIP	BOCA RATON, FL 33487		
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STAPLE CHECK HERE

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #