

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 5455 N. FEDERAL HWY, SUITE I BOCA RATON, FL 33487	Mailing Address 5455 N. FEDERAL HWY, SUITE I BOCA RATON, FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212006 Chg-LP CR2E003 (11/05)

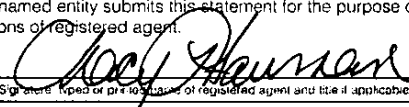
4. FEI Number 65-0855560	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
RUBIN, FRANK L 5455 N. FEDERAL HWY, SUITE I BOCA RATON, FL 33487	

7. Name and Address of New Registered Agent	
Name Fairman & Associates	
Street Address (P.O. Box Number is Not Acceptable)	
4281 NW 1st Avenue	
City Boca Raton	Zip Code FL 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  DATE 4/25/06

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.	CITY - ST - ZIP	
STREET ADDRESS	5455 N. FEDERAL HWY, SUITE I		
CITY - ST - ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
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:  **DATE** **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE