

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -8 AM 10:44

DOCUMENT # A9900000453	
1. Entity Name CRAFTSMAN MALL LIMITED PARTNERSHIP	

Principal Place of Business 2310 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	Mailing Address 2310 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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01102006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-0912019	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKLAR, NEAL ESQ PECKAR & ABRAMSON ONE SE 3RD AVE., STE 3050 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
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 title if applicable.

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 #	P99000025960	STREET ADDRESS	2310 Hollywood Blvd.
NAME	CRAFTSMAN MALL, INC.	CITY-ST-ZIP	Hollywood, FL 33020
STREET ADDRESS	144 NE 3RD AVE., 7TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP	800065853298
DOCUMENT #		CITY-ST-ZIP	02/14/06--01056--009 **500.00
NAME		STREET ADDRESS	
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CITY-ST-ZIP		STREET ADDRESS	

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: _____ *1-24-2006* *950-928-8292*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #