2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

FILED Feb 03, 2006 08:00 AM Secretary of State

500				, secre	tary of State
1. Entity N	UMENT # A99000000° larne UILDING, LTD.	720			·
Principal B	long of Business		- N. 19		
5200 S.W.	ace of Business 8TH STREET BLES, FL 33134	Mailing Address 9155 S. DADELAND BLVD., SL MIAMI, FL 33156	NTE 1012	,	
	The state of the s				
13.4	DO NOT WRITE	IN THIS SPA	^E	01302006 No Chg-LP	CR2E003 (11/05)
	A STATE OF THE PROPERTY OF THE			4. FEI Number	Applied For
				65-0917733	Not Applicable
				Certificate of Status Desired	\$8.75 Additional Fee Required
}	8. Name and Address of Current Re	gistered Agent			
9155 S. D	RICHARD A ESQ. DADELAND BLVD, SUITE 1012				RITE
MIAMI, F	L 33198			IN THIS SP	
the obliga	e named entity submits this statement for thations of registered agent.	ne purpose of changing its registere	d office or registere	d agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if epplicable			
	FILE NOW!	FEE 1S \$500.00			DATE
	After May 1, 200	6, Fee will be \$900.00			
	A GENERAL PARTNER THA NOTE: General Partners MAY I GENERAL PARTNER IN	NOT be changed on the form	JST BE REGISTE	RED AND ACTIVE WITH THIS	OFFICE.
12.	GENERAL PARTIVER IN		an amenument	must be filed to change a gen	eral partner.
DOCUMENT # NAME	P99000040325	2.00			
STREET ADDRESS	5200 BUILDING, INC. 5200 S.W. 8TH STREET	ر تلاه وبند ر تلاه وبند ر تلواند ،			
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			Lucipa Lu		
NAME STREET AODRESS					
CITY-ST-ZIP		and the second s			
DOCUMENT #					
NAME					
STREET ADDRESS CITY - ST - ZIP				DO NOT WR	TE
DOCUMENT #			The state of the s		
NAME:				IN THIS SPA	CE
Street address					
City-St-Zip					
DOCUMENT #			6.5		
NAME Street address					
CITY-S1-ZIP		Augusta Apr			
DOCUMENT #		approximation (via			
VAME		The state of the s			
STREET ADDRESS SKY-ST-ZYP		77.37			
	stilly that the information as a second	(D) 173			
indicated of the rece	ertify that the information supplied with this on this report is true and accurate and that it is reported to execute this re-	ning does not qualify for the exem my signature shall have the same te eport as required by Chapter 620, F	iptions contained in gal effect as if made forida Statutes	Chapter 119, Florida Statutes, I furt a under oath; that I am a General Pa	her certify that the information artner of the limited partnership