2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED e

Due by may 1, 2006				Apr 17, 2006 08:00
DOCUMENT # A9900001068 1. Entity Name CHAVES GROUP, LTD.			Secretary of Stat	
Principal Place of Business Mailing Address 20155 NE 38TH CT. 20155 NE 38TH CT. #2401 AVENTURA, FL 33180 AVENTURA, FL 33180		•		
DO NOT WRITE IN THIS SPACE			CE	04102006 No Chg-LP
				65-0935914 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
CHAVES, JEROME A 20155 NE 38TH CT. #2401 AVENTURA, FL 33180			DO NOT WRITE IN THIS SPACE	
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, typed or printed name of registered agent and title if applicable. DAYE				
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 II		, an amendmen	Chiast be med to change a general partiter.
DOCUMENT / NAME STREET ADDRESS GITY-SI-ZIP	P99000059530 CHABENJER, INC. 20155 NE 38TH CT. AVENTURA, FL 33180			#80000C147G0
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				U00000514793 04/29/06-80185-004 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT / NAME 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 in the 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 require the Chapter 620, Florida Statutes				

SIGNATURE:

STAPLE CHECK HERE

STATUTE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Eur 4-12.06

Date

305.205.1744

Daytime Phone #