

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001438

1. Entity Name
FERN DEVELOPMENT, LTD.



Principal Place of Business
**7777 GLADES ROAD, STE 310
BOCA RATON, FL 33434**

Mailing Address
**7777 GLADES ROAD, STE 310
BOCA RATON, FL 33434**



01172006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0945008	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERN DEVELOPMENT CORP
7777 GLADES RD., STE 310
BOCA RATON, FL 33434**

**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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

000000519509
05/02/06-80056-010 508.75

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

DOCUMENT # **P99000078307**
NAME **FERN DEVELOPMENT CORP.**
STREET ADDRESS **7777 GLADES RD., STE 310**
CITY-STATE-ZIP **BOCA RATON, FL**

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-13-06

Date

561/483-8400

Daytime Phone #

Robert J. Schmier, Pres.

STAPLE CHECK HERE