## 2006 LIMITÈD PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## FILED May 10, 2006 08:00 AM Secretary of State

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1. Entity Name

INTERNACIONAL REALTY MANAGEMENT, LTD.



Principal Place of Business

Mailing Address

405 N. ST. MARYS STREET, SUITE 850 SAN ANTONIO, TX 78205 405 N. ST. MARYS STREET, SUITE 850 SAN ANTONIO, TX 78205



04202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 20-1837680 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4

WESTON, FL 33331

DOCUMENT #

NAME
STREET ADDRESS
ENTY-ST-2P

DOCUMENT #

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I

STAPLE CHECK

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<ol> <li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li> </ol>	ed office or registered agent, or both, in the State of Florida. I am familiar	with, and accept
SIGNATURE	Date	<u>_</u>

## FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$800.00

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
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M04000005110 INTERNACIONAL REALTY MANAGEMENT GP, LLC 405 N. ST. MARYS STREET, SUITE 650 SAN ANTONIO, TX 78205
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CHY-SI-TIP	

U00000563768 05/20/06-80027-003 **500.00** 

DO NOT WRITE IN THIS SPACE

Date

NAME
STREET ADDRESS
CITY-ST-ZIP

14. Thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119. Fiprida Statutes, I further certify that the information

I hereby certify that the information supplied with this tiling 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 PARTHER

Daytime Phone #