


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # B05000000327</b>		
1. Entity Name <b>BERKOWITZ LIMITED PARTNERSHIP</b>		
Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200 MIAMI FL 33133</b>		Mailing Address <b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200 MIAMI FL 33133</b>

**FILED**  
**06 MAY -1 AM 8:46**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

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

**6. Name and Address of Current Registered Agent**

**BERKOWITZ DEVELOPMENT GROUP, INC.  
2665 SOUTH BAYSHORE DRIVE, SUITE 1200  
MIAMI FL 33133**

**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. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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**

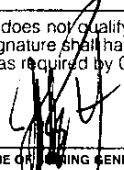
DOCUMENT #	<b>M05000004202</b>
NAME	<b>BERKOWITZ, LLC</b>
STREET ADDRESS	<b>2665 SOUTH BAYSHORE DRIVE, SUITE 1200</b>
CITY-ST-ZIP	<b>MIAMI FL 33133</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200075012482</b>
CITY-ST-ZIP	<b>05/22/06--01004--013 **508.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **03/22/2006** **(305) 854-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING GENERAL PARTNER Date Daytime Phone #