## , 2096 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED May 06, 2006 08:00 AM Secretary of State

DOOLULE !! 40000000004				Secretary of State	
DOCU	MENT # A99000000981	1		~ ~ ~ ~	
1. Entity Name					
11301 U.S	S. HIGHWAY ONE, LTD.				
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Principal Place	-	illing Address	1		
4500 PGA BOULEVARD, SUITE 207 4500 PGA BOULEVARD, SUITE 207			207	ł	
PALM BEACH	GARDENS, FL 33418 PA	ALM BEACH GARDENS, FL 3	3418		
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DO NOT WRITE IN THIS SPAT		4. FEI Number		Applied For	
1				65-0930812	Not Applicable
1				5. Certificate of Status Desired	\$8.75 Additional
	0 Name and Address of Assessed Co.		,	<u> </u>	Fee Required
]	6. Name and Address of Current Regis	tered Agent	<del>-</del> } ·		
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	BOULEVARD, SUITE 207		ŧ	DO NOT W	KIIE
	CH GARDENS, FL 33418			IN THIS SE	ACE
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	named entity submits this statement for the plant of registered agent.	pribose of cuspaind its rediste	rea attice or register	red agent, or doth, in the State of Fid	rioa. Tam tamiliar with, and accept
1					
SIGNATURE	Signature typed or printed pame of registered agent and title	il adolicable	·	<del>,</del>	DATE
SIGNATURE	Signature, typed or printed name of registered agent and fille	if applicable.	·		DATE
SIGNATURE	FILE NOW!!!	FEE 1 <b>3</b> \$500.00	······································	Unonn	0541552
SIGNATURE	FILE NOW!!! After May 1, 2006,	FEE 13 \$500.00 , Fee will be \$900.00	MILET DE DECIS	<u>  05710708</u>	0541552 -80062-013 500.00
SIGNATURE	FILE NOW!!! After May 1, 2006, A GENERAL PARTNER THAT	FEE IS \$500.00 Fee will be \$900.00 IS A BUSINESS ENTITY I	MUST BE REGIS	1 (05/11)/08 TERED AND ACTIVE WITH TH	0541552 -80062-013 500.00 is office.
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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 path, 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 VAME OF SIGNING GENERAL PARTNER

NAME STREET ADDRESS

Diane Stephanos

3/31/06

561/691-9050

Dayûme Phone #