2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1. Entity Nam	MENT # A27149 Y ASSOCIATES, LTD.		, , , , , , , , , , , , , , , , , , , ,			0) (SECRETAR VISION OF O	LED Y OF STA CORPORAT AM 10: 1:	TE TONS 5	
Principal Place of Business % JEFFREY C. ROTH, 1500 SAN REMO AVENUE, SUITE 176- CORAL CABLES, FL 33146- Mailing Address % JEFFREY C. ROTH, 1500 SAN REMO AVENUE, 5 CORAL GABLES, FL 33146-				TE 176		A monan				
2. Principal Place of Business 3. Mailing Address 8.6.6.5. Dixie Hwy Suite, Apt. #, etc. Suite, Apt. #, etc.				HW	Y. (
City & State City & State						01312006 4. FEI Number	Chg-LP	CR2E003	3 (11/05) Applied For	
Coral				in/		56-0074			Not Applicable 8.75 Additional	
33146	LÚSA	33146	Ü		1		of Status Desired	□ Fe	ee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
ROTH, JEFFREY C. 1500-SAN REMO-AVE., SUITE 176 GORAL CABLES, FL 33146					Street Address (P.O. Box Number is Not Acceptable)					
n					City Coral Gables FL Zip Code 33146					
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 famillar with, and accept the obligations of registered agent.										
SIGNATURE LIST D6										
Signature, typed on pyreodnanid of Vegistered agent and tale if applicable. 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 INFORMATION DOCUMENT # G93047000042				13. ADDRESS CHANGES ONLY					
NAME	SELECT AMERICA LTD.			ET ADDRESS	866	6 5. 3	Dixie 1	Ywy.		
STREET ADDRESS CITY-ST-ZIP	4500 SAN REMO AVE. S 176 GORAL CABLES, FL		CITY	-ST-ZIP	Care	al Gab	les, E	33146		
DOCUMENT #	001012 0710220,712		STRI	ET ADDRESS	<u> </u>	ur Care	165, 16	<i> </i>		
NAME STREET ADDRESS			CITY	-ST-ZIP						
DOCUMENT #				ET ADDRESS		20	00716 0601064-	4211	2	
NAME STREET ADDRESS						04/24/	<u>0601064-</u>	008 **	<u>*500.00</u>	
CITY-ST-ZIP			CITY	-ST-ZIP						
DOCUMENT # NAME			STRI	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						
DOCUMENT #			STRI	EET ADORESS						
STREET ADDRESS CITY-ST-ZIP			CITY	'- \$T- Z1P						
DOCUMENT #			STR	EET ADDRESS		<u>-</u>				
STREET ADDRESS CITY-ST_ZIP				'-ST-ZIP						
14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is truly 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 employered to execute this report as required by Chapter 620, Florida Statutes										