

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

DOCUMENT # A17405 1. Entity Name SIGNATURE GARDENS LTD.	
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**FILED**

**06 MAY 31 AM 9:27**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business 12725 S.W. 122ND AVENUE MIAMI FL 33186	Mailing Address 12725 S.W. 122 AVE MIAMI FL 33186
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

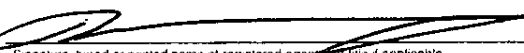
1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent  MANCUSO, SAM 6900 STATE PARK RD. 84 DAVIE FL 33317	7. Name and Address of New Registered Agent Name <u>MICHAEL BEARY</u> Street Address (P.O. Box Number is Not Acceptable) <u>6900 STATE ROAD 84</u> City <u>DAVIE</u> FL Zip Code <u>33317</u>
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4. FEI Number 59-2480157	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

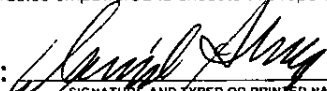
SIGNATURE  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G10998 DEUX MICHEL, INC. 12725 S.W. 122ND AVENUE MIAMI FL	STREET ADDRESS CITY-ST-ZIP	500075558455 05/31/06--01032--001 **\$500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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 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:  DAVID G. STING DEUX MICHEL 4/14/06 (300) 251-5001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE