

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A00000000353

1. Entity Name
 COSTA DORADA, LTD.



Principal Place of Business
 11900 BISCAYNE BLVD., SUITE 262
 NORTH MIAMI, FL 33181

Mailing Address
 11900 BISCAYNE BLVD., SUITE 262
 NORTH MIAMI, FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0992425	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
 2200 MUSEUM TOWER
 150 WEST FLAGLER STREET
 MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # L00000002235
 NAME COSTA DORADA, LLC
 STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 262
 CITY-ST-ZIP NORTH MIAMI, FL 33181

STREET ADDRESS	1000000541936
CITY-ST-ZIP	05/10/06-80079-012 508.75

DOCUMENT #
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 CITY-ST-ZIP

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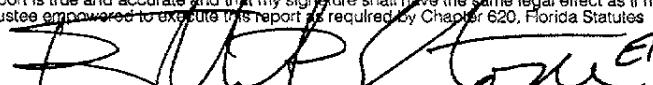
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STREET ADDRESS	
CITY-ST-ZIP	

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #



STAPLE CHECK HERE