2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 03, 2006 08:00 AM Secretary of State

	- Due by	way 1, 2006	,	Sagratary of State
DOCUMENT # A0000000487 1. Entity Name S.C. BADANES LIMITED PARTNERSHIP				Secretary of State
Principal Place of Business Mailing Address 600 S.W. 21ST ROAD 600 S.W. 21ST ROAD MIAMI, FL 33129 MIAMI, FL 33129				
E		E IN THIS SPA	CE	01132006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied For 65-0994589 Not Applied 5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BADANES, SAMUEL. 600 S.W. 21ST ROAD MIAMI, FL 33129				DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligation of registered agent. SIGNATURE Signalure, types or printed name of registered agent and trife if applicable.				ed agent, or both, in the State of Florida. I am tarrillar with, and accept
FILE NOWIII 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.				
<u></u>			n; an amendmen	it must be filed to change a general partner.
DOCUMENT #	GENERAL PARTI	SER INFORMATION		
NAME	BADANES, SAMUEL			• •
STREET ADDRESS	600 S.W. 21ST ROAD			U00000417764
CITY-ST-ZIP	MIAMI, FL 33129	·		U00000417764 02/13/06-80066-020 500.00 "
DOCUMENT # NAME	BADANES, CLARICE			•
STREET ADDRESS	600 S.W. 21ST ROAD	Ì		
CITY-ST-ZIP	MIAMI, FL 33129			
DOCUMENT F	<u> </u>	i		
STREET ADDRESS		į		DO NOT WRITE
CITY-ST-ZIP				
DOCUMENT #	}			IN THIS SPACE
HAME STREET ADDRESS		1		
CITY-ST-ZIP				
DOGUMENT #				
NAME STREET ADDRESS		Ì		
CITY-ST-ZIP	,			
DOCUMENT #				
STREET ADDRESS	}	Ì		· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP				
14. Thereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Plorida Statutes. I further certity 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 outh; that I am a General Partner of the limited partnership or the receiver or trustee amprovered to execute this report as required by Chapter 620. Florida Statutes				
SIGNATURE: // MI MUMA 1/30/06 (305) 854-077: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Phone &				
	TOTAL SITE AND THE			Caying Fix. 8