

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 17 AM 9:44

<b>DOCUMENT # A00000001870</b> 1. Entity Name <b>LAS VEGAS PROFESSIONAL FOOTBALL LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>3790 SOUTH PARADISE ROAD                  SUITE 140                  LAS VEGAS, NV 89109</b>			Mailing Address <b>4000 PONCE DE LEON BLVD.                  SUITE 700                  CORAL GABLES, FL 33146</b>		
2. Principal Place of Business <b>c/o Las Vegas Gladiators</b>		3. Mailing Address Suite, Apt. #, etc. <b>1580 E. Desert Inn, 1st Floor</b>			
City & State <b>Las Vegas, Nevada</b>		City & State 		4. FEI Number <b>65-1063089</b>	
Zip <b>89109</b>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERRARO, JAMES L                  4000 PONCE DE LEON BLVD.                  SUITE 700                  CORAL GABLES, FL 33146</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P00000112058		STREET ADDRESS		
NAME	LAS VEGAS PROFESSIONAL FOOTBALL, INC.		CITY-ST-ZIP		
STREET ADDRESS	4000 PONCE DE LEON BLVD., SUITE 700		<b>400069065374</b> <b>03/30/06--01063--004 **508.75</b>		
CITY-ST-ZIP	CORAL GABLES, FL 33146				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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:** \_\_\_\_\_ **James L. Ferraro** **3/14/06** **(305) 375-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE