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

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## FILED Apr 24, 2006 08:00 AN DOCUMENT # A01000000772 1. Entity Name **Secretary of State** LT BY THE SEA, LTD. Principal Place of Business Mailing Address C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. PEI Number Applied For 65-1110148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331 City 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 SIGNATURE Signature, typed or printed name of registered agent and little 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCLIMENT # P01000055373 STREET ADDRESS NAME LT BY THE SEA, INC. 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 000000532847 DOCUMENT # STREET ADDRESS 05/06/06-80097-014 500.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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 partners?

Daytime Phone #