

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

**FILED  
May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A0100000885**

1. Entity Name  
**247 23RD STREET LIMITED PARTNERSHIP**



Principal Place of Business  
**247 23RD STREET  
MIAMI BEACH, FL 33137**

Mailing Address  
**247 23RD STREET  
MIAMI BEACH, FL 33137**



04222008 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-1118980** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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**

1100011554913  
05/16/06-80012-019 500.00

**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

DOCUMENT # **PO1000066008**  
NAME **247 23RD STREET, INC.**  
STREET ADDRESS **247 23RD STREET**  
CITY-ST-ZIP **MIAMI BEACH, FL 33137**

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IN THIS SPACE**

STAPLE CHECK HERE

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: \_\_\_\_\_

*CAROL OPHIA*

*CAROL OPHIA*

*4/27/06*

*385-672-1611*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

OFFICE PHONE #