

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

**DOCUMENT # A01000001359**

1. Entity Name  
**BELLINI ASSOCIATES, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**06 MAR 17 AM 10:22**

Principal Place of Business  
**445 GRAND BAY DRIVE  
PH-1  
KEY BISCAVNE, FL 33149**

Mailing Address  
**445 GRAND BAY DRIVE  
PH-1  
KEY BISCAVNE, FL 33149**

*[Handwritten signature]*



03102006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1144466**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PIOTRKOWSKI, JOELLD S  
317- 71ST STREET  
MIAMI BEACH, FL 33141**

**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**

**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 # **L01000017306**  
NAME **BELLINI DEVELOPERS, LLC**  
STREET ADDRESS **445 GRAND BAY DRIVE**  
CITY-ST-ZIP **KEY BISCAVNE, FL 33149**

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**300069160573**  
**03/31/06--01027--025 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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

**MARTIN MARGULIES**

Date

**3-14-06**

Daytime Phone #

**(305) 865-5707**

STAPLE CHECK HERE