


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

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000001634			
1. Entity Name BRE LIMITED			
Principal Place of Business 313-319 KPJM RING BLVD. SARASOTA FL 34236		Mailing Address 1241 TREE BAY LANE SARASOTA FL 34242	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number **22-3850542** Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAPPAPORT, MARTIN 1241 TREE BAY LANE SARASOTA FL 34242		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL 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 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. * 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	J68610	STREET ADDRESS	
NAME	IMAR REAL ESTATE MANAGEMENT, INC.	CITY-ST-ZIP	000000422647
STREET ADDRESS	1241 TREE BAY LANE		02/17/06-80025-018 500.00
CITY-ST-ZIP	SARASOTA FL 34242	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Martin Rappaport

2/3/6

941-346-1931