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

## FILED SECRETARY OF STATE **DOCUMENT # A02000000054** DIVISION OF CORPORATIONS 1. Entity Name 1800 - CLUB, LTD. 06 APR -7 AM 9: 14 Mailing Address Principal Place of Business 1201 BRICKELL AVE, STE 650 1201 BRICKELL AVENUE, SUITE 1720 MIAMI. FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 1200 BRICKELL AVE AVE 1200 BRICKELL Suite, Apt. #, etc. Suite, Apt. #, etc 03182006 Chg-LP CR2E003 (11/05) City & State 4. FEI Number Applied For , FL MIAMI, FL MIAMI 05-0607300 Not Applicable Country 33131 \$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 PALACHI, ASLAN PALACHI, ASLAN Street Address (P.O. Box Number is Not Acceptable) 1201 BRICKELL AVENUE, SUITE 1720 MIAMI, FL 33131 1200 BRICKELL AVE, STE 1720 Zip Code 33131 City MIAMI 8. The above named entity fundits 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 register 04-01-06 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13, L02000000830 DOCUMENT # 1200 BRICKELL AVE, STE 1720 STREET ADDRESS BCOM-CLUB, LLC NAME 1201 BRICKELL AVENUE, SUITE 1720 STREET ADDRESS CITY-ST-ZIP MIAMI , FL 33131 CITY-ST-7IP MIAMI, FL 33131 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 000072407730 04/27/06--01038--017 \*\*500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP DOCHMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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

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SIGNATURE: AND TYPED OR PRINTED HAVE OF SCHOOL GENERAL PARTIER DATE OF THE DESCRIPTION OF THE PRINTED HAVE OF SCHOOL GENERAL PARTIER