

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A02000000739

1. Entity Name
POSTMA REALTY INVESTMENTS, LTD.



Principal Place of Business
1877 ROYAL PALM WAY
BOCA RATON, FL 33432

Mailing Address
1877 ROYAL PALM WAY
BOCA RATON, FL 33432



04252006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0600452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POSTMA, HERBERT F
1877 ROYAL PALM WAY
BOCA RATON, FL 33432

**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 #	P02000055768
NAME	POSTMA REALTY INVESTMENTS MANAGEMENT, INC.
STREET ADDRESS	1877 ROYAL PALM WAY
CITY- ST- ZIP	BOCA RATON, FL 33432

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000554379
05/15/06-80089-021 500.00

**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 820, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone # _____

STAPLE CHECK HERE