

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****FILED****May 01, 2006 08:00 AM**
Secretary of State**DOCUMENT # A02000001095**1. Entity Name
CLIPPER PROPERTIES LIMITED PARTNERSHIPPrincipal Place of Business
**3343 NE 166TH STREET
N. MIAMI BEACH, FL 33160**Mailing Address
**3343 NE 166TH STREET
N. MIAMI BEACH, FL 33160**

04182006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
37-1439391Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****RHODES, EDWARD S
3343 NE 166TH STREET
N. MIAMI BEACH, FL 33160****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 # L02000018398
NAME CLIPPER PROPERTIES, LLC
STREET ADDRESS 3343 NE 166TH ST.
CITY-ST-ZIP N. MIAMI BEACH, FL 33160****DOCUMENT #
NAME
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STREET ADDRESS
CITY-ST-ZIP**U00000558154
05/17/06-80081-021 500.00**DO NOT WRITE
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:*Edward S. Rhodes***EDWARD S. RHODES****4-24-06****305-940-6518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #