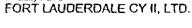
2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A02000001283

FILED Mar 20, 2006 08:00 AM Secretary of State



Principal Place of Business ONE S.E. THIRD AVENUE, SUITE 3050

MIAMI, FL 33131

Mailing Address

ONE S.E. THIRD AVENUE, SUITE 3050 MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 76-0714163 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, DONALD S

DO NOT WRITE

MIAMI, FL 33131		IN THIS SPACE
the obligat	named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both, in the State of Florida 1 am familiar with, and accept
Signature hyped 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
	NOTE: General Partners MAY NOT be changed on th	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.
DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION L02000024098 KGN/BRADLEY ASSOCIATES FLORIDA, LLC ONE S.E. THIRD AVENUE, SUITE 3050 MIAMI, FL 33131	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIF	L02000014933 CY GENERAL PARTNER, LLC 1065 KANE CONCOURSE, SUITE 201 BAY HORBOR ISLANDS, FL 33154	000000475726 04/05/06-80027-012 508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT / NAME STHEET ADDRESS CITY-ST-DR		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		
DOCUMENT #		

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

(30) 813-698 Daytime Phone K