

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


**FILED**

**06 MAY -1 PM 12:38**

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # A03000000043

1. Entity Name  
 FLAMINGO PLAZA, LTD.




Principal Place of Business      Mailing Address  
 401 E. LAS OLAS BLVD., SUITE 1000      401 E. LAS OLAS BLVD., SUITE 1000  
 FORT LAUDERDALE, FL 33301 US      FORT LAUDERDALE, FL 33301 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04272006      Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
 APPLIED FOR      Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, GEORGE A  
 401 E. LAS OLAS BLVD., SUITE 1000  
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01645	STREET ADDRESS	
NAME	FLORIDA PROPERTY INVESTMENT PARTNERS, INC	CITY-ST-ZIP	
STREET ADDRESS	401 E. LAS OLAS BLVD., SUITE 1000		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	000075015960
NAME		CITY-ST-ZIP	05/22/06 01016 024 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *Roger Gingerich*      ROGER GINGERICH, CHIEF FIN. OFFICER OF  
 FLORIDA PROPERTY INVESTMENT  
 PARTNERS, INC.

4-28-06      954 522 6010

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #