2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 05, 2006 08:00 AM Secretary of State

1. Entity Name TURAB GROUP, LTD.



Principal Place of Business

1321 NORTHWEST 14TH STREET, SUITE 503B MIAMI, FL 33125

Mailing Address 9360 SW 72ND STREET SUITE 257 MIAMI, FL 33173

|--|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04212006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-0045265

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registered agent.	both, in the State of Florida.	I am familiar with, and accep	t
SIC	SNATURE Sprature, typed or printed name of resistered 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
	DOCUMENT #	P03000062665
	NAMŁ	TURAB CORP.
	STREET ADDRESS	1321 NORTHWEST 14TH STREET, SUITE 503B
	CITY ST ZIP	MIAMI, FL 33125
	DOCUMENT # NAME	
_	STREET ANDRESS CITY-ST-ZIP	
'	DOCUMENT #	
	NAML	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
11.7	STREET ADDRESS	
띮	CITY ST ZIP	
I	DOCUMENT #	
	NAME	
玉	STREET ADDRESS	
Ε (CITY-ST-ZIP	
STAPLE CHECK HERE	DOCUMENT#	
ST,	NAME	

U00000563943 05/20/06-80034-009 500.00

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 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY ST-ZIP

Rita

Rita Abislaiman-Partner

04/28/06

Date

Daytime Phone #