2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

1. Entity Name	MENT # A030000 DE PLACE, LTD.			OSMAY - 1 PM 1:38 QSTUJ - 1 PM 1:19 SEUNETANY OF STATE TALLAHASSEE FLORIDA TALLAHASSEE FLORIDA				
Principal Place 9400 S. DAD MIAMI, FL 33	ELAND BLVD., STE. 100	Mailing Address 9400 S. DADELAND B MIAMI, FL 33156	BLVD., STE	. 100		· · · · · · · · · · · · · · · · · · ·		
2. Principal P	ace of Business	3. Mailing Address			- -			
3814 NE Miami Court 3814 NE Miami			ni Cou	rt	I HETHER FRAILE	FATRA TITO, RATIO ANDIO UN	in sem etiel fitte	ITITI (MATA IKATAKI BI JAM)
Suite, Apt.		Suite, Apt. #, etc.			04272006	Chg-LP	CR2E003	(11/05)
City & State		City & State		 ·	4. FEI Number			Applied For
Miami. FL 33137		Miami, FL 3			20-0754			Not Applicable
Zip Country		Zip Cour		y	5. Certificate of	of Status Desired		3.75 Additional
	6. Name and Address of Cu	wort Registered Agent	٠,		<u> </u>		Fe	e Required
-	u. Hairie ditu Address ut Co	7. Name and Address of New Registered Agent Name						
	JGH, BRIAN J		Street Address (P.O. Box Number is Not Acceptable)					
2200 MUSEUM TOWER 150 W. FLAGLER ST				Straet Address (F.O., pox Number is Not Acceptable)				
MIAMI, FL		i						
				City			FL	Zip Code
	named entity submits this statem ons of registered agent.	nent for the purpose of changing it	ts registere	d office or register	red agent, or both	n, in the State of Fi		niliar with, and accept
SIGNATURE -	Signature, typed or printed name of registere	d agent and title if applicable.					DATE	
	FILE After May	NOW!!! FEE IS \$500.00 , 1, 2008, Fee will be \$90	10.00					
-	A GENERAL PARTN	IER THAT IS A BUSINESS E & MAY NOT be changed on	NTITY MU					er.
12.		RTNER INFORMATION	13.			ADDRESS CH	ANGES ONLY	
DOCUMENT# NAME	KIVERSIDE DEVELOPMENT HOLDINGS, LLCI			TADDRESS 38	14 NE Mia	mi Court		
STREET ADORESS CITY-ST-ZIP	9400 S. DADELAND BLVD. MIAMI, FL 33156	, STE. 100	CITY-	ST-ZIP Mi	ami, FL	33137		<u></u>
DOCUMENT # Name		AMENDMEN	STREE	T ADDRESS				
SIREET ADDRESS City-St-Zip	FILEO 4/28/06 OT			ST-ZIP		4(11)()	<u> </u>	<u> </u>
DOCUMENT F		, ,	STREE	T ADDRESS		/17/06		017 **500
STREET ADDRESS City-St-Zip			CITY-	ST- <i>Z</i> 1P			<u>.</u> .	
DOCUMENT / NAME			STREE	T ADDRESS				
STREET ADDRESS City-St-Zip			CITY-	ST-ZIP				<u>.</u>
DOCUMENT# NAME			STREE	TADORESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	ST- ZIP				
DOCUMENT / NAME			STREE	TADORESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				
indicated	on this report is true and accurat	ed with this filing does not qualify te and that my signature shall haw ecute this report as required by C	e the same	legal effect as if n	ed in Chapter 119 nade under oath;	, Florida Statutes, that I am a Gene	I further certify rail Partner of th	that the information e limited partnership
		100			•	14-28-		6-20-1

FILED