

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # A04000000146

1. Entity Name
 FALIN INVESTMENTS, LTD.



06 APR -7 AM 8:23

Principal Place of Business
 316 VIRGINIA STREET
 HOLLYWOOD, FL 33019

Mailing Address
 316 VIRGINIA STREET
 HOLLYWOOD, FL 33019

2. Principal Place of Business
 411 N. NEW RIVER DR, EAST
 Suite, Apt. #, etc.
 #403
 City & State
 FT LAUDERDALE
 Zip
 33301
 Country
 US

3. Mailing Address
 411 N. NEW RIVER DR, EAST
 Suite, Apt. #, etc.
 #403
 City & State
 FT LAUDERDALE
 Zip
 33301
 Country
 US



03292006 Chg-LP CR2E003 (11/05)

4. FEI Number
 20-0682897

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 FALIN, JAMES ROGER
 411 N NEW RIVER DR #403
 FT 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 #	P04000015987	STREET ADDRESS	
NAME	ANTFAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	411 N NEW RIVER DR #403		
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	000070461880
NAME		CITY-ST-ZIP	04/14/06--01052--014 **508.75
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *[Signature]* **Date** *3/30/06* **Daytime Phone #** *305 479-8899*

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