


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

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000000448
1. Entity Name
SHARM INVESTMENTS, LTD.



Principal Place of Business: **9642 S.W. 69 PLACE
MIAMI, FL 33156**
Mailing Address: **9642 S.W. 69 PLACE
MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE



04082006 No Chg-LP CR2E003 (11/05)
4. FEI Number: **26-0081526** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WALLACH, HOWARD W
9642 S.W. 69 PLACE
MIAMI, FL 33156**

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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 LLC, 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 #	L04000021371
NAME	SHARM MANAGEMENT, LLC
STREET ADDRESS	9642 S.W. 69 PLACE
CITY- ST- ZIP	MIAMI, FL 33156
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
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CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/26/06-80134-020 500.00

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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: Howard Wallach 4/8/06 305-666-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #