

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

<b>DOCUMENT # A04000000458</b> 1. Entity Name EL PROGRESO PHASE III, LTD.						SECRETARY OF STATE DIVISION OF CORPORATE & STATE AFFAIRS 06 FEB 14 AM 11:17	
Principal Place of Business 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178				Mailing Address 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 83-0399229				Chg-LP      CR2E003 (11/05) <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FERNANDEZ, IRIS M 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT #	P02000017662			STREET ADDRESS			
NAME	EL PROGRESO PLAZA, INC.			CITY-ST-ZIP			
STREET ADDRESS	11710 NW SOUTH RIVER DRIVE, SUITE 216						
CITY-ST-ZIP	MEDLEY, FL 33178						
DOCUMENT #				STREET ADDRESS	700066794467		
NAME				CITY-ST-ZIP	02/28/06--01014--027 **\$500.00		
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NAME				CITY-ST-ZIP			
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: 2/9/2006      305-887-9919			