2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000000709

1. Entity Name
SOFFERS THREE, LTD.

FILED
06 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

04212006 Chg-LP CR2E003 (11/05)

Principal Place of Business	Mailing Address
19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180	19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1061227 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOFFER, MARSHA 19501 BISCAYNE BOULEVARD, SUITE 400 AVENTURA, FL 33180	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 #	L04000032583	STREET ADDRESS	
NAME	SOFFERS ONE, LLC	CITY-ST-ZIP	
STREET ADDRESS	19501 BISCAYNE BOULEVARD, SUITE 400		
CITY-ST-ZIP	AVENTURA, FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100075014051 05/22/06--01011--012 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ 4-25-06 305-937-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #