2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A0400001415 1. Entity Name SMATHERS PLAZA ASSOCIATES, LTD.							-1 AN SHARE	
Principal Place		Mailing Address		· · · · · ·	i <i>i</i>	ALLAN	Abble rEbillia	
7483 SW 24TH MIAMI, FL 33	H ST., SUITE 209 155	7483 SW 24TH ST., S Miami, FL 33155	uite 209	į	1 1 30 (50) (61) 60 (1) 61	li Alber wwire da	(A) 988) 6898 NGN 8/18/ N31 8/NSN 8/ 1891	
2. Principal Pla	2. Principal Place of Business 3. Ma		Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212006 Ch	g-LP	CR2E003 (11/05)	
City & State		City & State		l	4. FEI Number 20-2499700		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of State		\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Addre	ss of New	Registered Agent	
2200 MUSE	MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W. FLAGLER ST.				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33155				7483	sw 24th	5+	SUPTE 209	
				City MIF	me		FL 3800	
the obligation	named fentity submits this statement on sof legistered agent. Queuy Assistance agent. Signatura, typed or physicard agent of registered agent.	Wana			ed agent, or both, in the		lorida. I am familiar with, and accept	
	After May 1	OWI!! FEE IS \$500.00 , 2006, Fee will be \$90 R THAT IS A BUSINESS E		HET DE DECIS	FEREN AND ACTIV	E WITH T	HIS OFFICE	
	NOTE: General Partners I	MAY NOT be changed on	the form	n; an amendmen	t must be filed to o	hange a g	general partner.	
DOCUMENT /	GENERAL PARTI P04000124812	IER INFORMATION	13.		A[DRESS CH	HANGES ONLY	
NAME STREET ADDRESS	EET ADDRESS 7483 SW 24TH ST., SUITE 209			-ST-ZIP				
DOCUMENT / NAME	WIIAMII, FL 33199		STRI	EET ADDRESS	0000		15510	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	000074615510 05/15/0601008022 **508.75			
DOCUMENT / NAME	-	- · · 	STR	EET ADDRESS			·	
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS				
14. I hereby c	ertify that the information supplied on this report is true and accurate a eiver or trustee empoyered to exec	ind that my signature shall hav	re the sam	ie legal effect as if n	nade under oath; that	am a Gene	. I further certify that the information eral Partner of the limited partnership	
SIGNAT	URE: Heer C	OR PRINTED NAME OF BIGNING GEN	PART PARTM	briade Red	650 4-12	O ₆	305-267-3624 Daytime Prone #	