2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A04000001489

1. Entity Name
ABE GROUP ENTERPRISES LIMITED PARTNERSHIP



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 APR 10 AM 9: 26

Principal Place of Business

SIGNATURE:

C/O MARK S. GRAND, ESQ. 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD, FL 33021 Mailing Address

C/O MARK S. GRAND, ESQ. 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD, FL 33021



<u>954-989-2889</u>

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03152006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 52-1666449

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAND, MARK S ESQ. 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

8. The above named entity submitty 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 Signature, typed or printed name of registered agent and title if applicable. DATE		
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 #	P98000028694	
NAME	ABE GROUP ENTERPRISES, INC.	
STREET ADDRESS	3440 HOLLYWOOD BLVD., SUITE 450	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	170000000000000
DOCUMENT #		100073394591 05/01/0601014009 **500.00
NAME		03\01\00DIGI4OD9 **2UO'DO
STREET ADORESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		DO NOT WRITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME		•
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
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.		