


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

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A04000001522 <b>1. Entity Name</b> FLAGLER VILLAGE 6TH STREET, LTD.	
---	---

<b>Principal Place of Business</b> 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	<b>Mailing Address</b> 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
--	--



02272006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-1712635	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  AMERA ASSOCIATES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065
--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

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** \_\_\_\_\_ 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.**

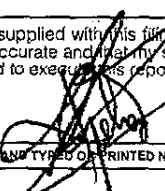
<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b>	P05000041502
<b>NAME</b>	AMERA ASSOCIATES, INC.
<b>STREET ADDRESS</b>	2900 UNIVERSITY DRIVE
<b>CITY-ST-ZIP</b>	CORAL SPRINGS, FL 33065
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000533493  
05/06/06-80122-021 508.75

**DO NOT WRITE IN THIS SPACE**

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:**  **Amara Associates, Inc.**  
**George Rahael, President** **4/15/06** **954-753-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #