



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001847 1. Entity Name THE CAPLIVSKI REAL ESTATE LIMITED PARTNERSHIP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 11:15

Principal Place of Business 2131 NE 32ND AVENUE FT. LAUDERDALE, FL 33305	Mailing Address 2131 NE 32ND AVENUE FT. LAUDERDALE, FL 33305
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01062006 Chg-LP CR2E003 (11/05)
City & State	City & State	4. FEI Number 20-1940803
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 SE 3RD AVENUE FT. LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CAPLIVSKI, ABRAHAM		
	2131 NE 32ND AVENUE		
	FT. LAUDERDALE, FL 33305		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	CAPLIVSKI, GERTRUDE L		
	2131 NE 32ND AVENUE		
	FT. LAUDERDALE, FL 33305		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

500074080525
05/05/06--01048--011 **500.00

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: Gertrude L. Caplivski **GERTRUDE L. CAPLIVSKI** April 14, 06 **(954) 599-1083**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE