2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Mar 27, 2006 08:00 AM

		Due By M	ay 1, 2006	ي تيرد ه		etary of State
	1. Entity Name	MENT # A04000001 REAL ESTATE GROUP, L.L			Seci	ctary or state
	Principal Place 3363 WEST C FORT LAUDE	e of Business Commercial BLVD., Suite 100 RDALE, FL 33309	Mailing Address P.O. BOX 812170 BOCA RATON, FL 33481-217)	E CERTER TEN BEIN BING BEIN SEM SEM	n stag suus saus kaus kaka keluk keluk sa fuus
	D	O NOT WRITE	IN THIS SPA	CE	D3172008 No Chg-LP 4. FEI Number 20-2053867 5. Certificate of Status Desired	CR2E003 (11/05) Applied For Not Applicable \$8.75 Additional
ļ		6. Name and Address of Current			5. Cerimpate of Status Desired	Fee Required
					DO NOT W IN THIS SF	
	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 Date					
	FILE NOWIII FEE IS \$500.00 After May 1, 2008, 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 PARTNE		<u> </u>		
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	COHEN, DONALD T 3383 WEST COMMERCIAL BLV FORT LAUDERDALE, FL 33309			· -	·
_{	DOCUMENT # HAME STREET ADDRESS CITY-SI-ZIP				uodoi 04/11/8	00482782 5-80089-016 500.00
CHECK HERE	DOCUMENT I MAME STREET ADDRESS CITY-ST-ZIP				DO NOT WI	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP				IN THIS SP	ACE
	DOCUMENT # NAME STREET ADDRESS City-ST-Zip					
SIAPLE	DOCUMENT #					

14. (hereby certify that the information supplied with this litting does not quality 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: _

DOCUMENT # NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DENERAL PARTNER

3,23.06 Date 5619989890