2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 01, 2006 08:00 Al Secretary of State

| DOCU | IMEN | IT# | A0 | 4658 |
|---------------|-----------|-----|----|------|
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1. Entity Name CONTINENTAL GARDENS, LTD.



Principal Place of Business

4561 N.W. 10TH COURT

SUITE H-110 PLANTATION, FL 33313 Mailing Address

4561 N.W. 10TH COURT SUITE H-110 PLANTATION, FL 33313



DO NOT WRITE IN THIS SPACE

04052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-1651525

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, TRAURIG ET AL STEVEN KRAVITZ 1221 BRICKELL AVE. MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

| MIAMI, FL 33131 | | IN THIS SPACE | | |
|---|--|---|--|--|
| | | | | |
| | named entity submits this statement for the purpose of changing its regions of registered agent. | gistered office or registered agent, or both, in the State of FlorIda. I am familiar with, and accept | | |
| SIGNATURE | Signature, typed or printed name of registored agent and title if applicable | DATE | | |
| | FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0 | 90 | | |
| 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 / NAME STREET ADDRESS CITY-ST-ZIP | P02000104215 CONTINENTAL GARDENS, INC. 4561 N.W. 10TH COURT, SUITE H-110 PLANTATION, FL 33313 | U00000558159 05/17/06-80081-024 500.60 | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | |
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| DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP | | IN THIS SPACE | | |
| 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 cath; 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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/06

954-739-7653

Daytime Phon