

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:44

DOCUMENT # A05000000337



1. Entity Name
 POSTMASTER ASSOCIATES, LTD.

Principal Place of Business
 7483 S.W. 24TH STREET, SUITE 209
 MIAMI, FL 33155

Mailing Address
 7483 S.W. 24TH STREET, SUITE 209
 MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suits, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006 Chg-LP CR2E003 (11/05)

4. FEI Number
 20-2332978

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J
 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
 MIAMI, FL 33155

Name
 DE PEDRO, GONZALEZ, MARIA N.

Street Address (P.O. Box Number is Not Acceptable)

7483 SW 24th ST, SUITE 209

City
 MIAMI

FL

Zip Code
 33155

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

Maria de Pedro - Gonzalez
 Signature typed or printed name of registered agent and title if applicable.

4-22-06

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P05000019821
 NAME POSTMASTER GP, INC.
 STREET ADDRESS 7483 S.W. 24TH STREET, SUITE 209
 CITY-ST-ZIP MIAMI, FL 33155

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900074620639
 05/15/06--01035--003 **508.75

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

Maria de Pedro - Gonzalez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-06

Date

305-267-3624

Daytime Phone #

STAPLE CHECK HERE