
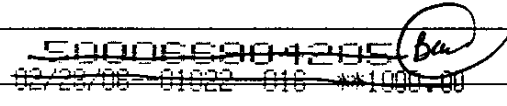


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000445 1. Entity Name FLORIDA ROUGH WATERS LIMITED PARTNERSHIP						<div style="text-align: right;"> SECRETARY OF STATE DIVISION OF CORPORATE & FINANCIAL SERVICES 06 FEB 20 AM 8:50 </div>	
Principal Place of Business 23161 VIA STEL BOCA RATON, FL 33433				Mailing Address 23161 VIA STEL BOCA RATON, FL 33433			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip			
4. FEI Number				02152006 Chg-LP CR2E003 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent GINSBURG, SHARON M 23161 VIA STEL BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
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			
NAME	GINSBURG, SHARON M			CITY-ST-ZIP			
STREET ADDRESS	23161 VIA STEL			CITY-ST-ZIP	500066804205 02/28/06--01022--016 **1000.00		
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP			
DOCUMENT #	NAME			STREET ADDRESS	500066804205 02/28/06--01022--016 **500.00		
NAME				CITY-ST-ZIP			
STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #	NAME			STREET ADDRESS			
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STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Sharon M Ginsburg
Sharon M Ginsburg

2-15-06

561-447-0371