


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 JUN 15 AM 11:02

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000001200		
1. Entity Name BROWARD STATION BUILDING HOLDINGS, LLLP		

Principal Place of Business 1314 E. LAS OLAS BLVD., #285 FORT LAUDERDALE, FL 33301	Mailing Address 1314 E. LAS OLAS BLVD., #285 FORT LAUDERDALE, FL 33301
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05112006 Chg-LP CR2E003 (11/05)

4. FEI Number 20 4852965	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARAZOZA & FERNANDEZ FRAGA, P.A. 2100 SALZEDO STREET, SUITE 300 CORAL GABLES, FL 33134		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 _____
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**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	L05000012355	STREET ADDRESS	
NAME	BROWARD STATION BUILDING LLC	CITY-ST-ZIP	
STREET ADDRESS	1314 E. LAS OLAS BLVD., #285		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	400075324694
NAME		CITY-ST-ZIP	05/20/06--01024--022 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

6/07/2006

Date

954 6533123

Daytime Phone #