


**• 2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 9:11

<b>DOCUMENT # A05000001286</b> 1. Entity Name <b>ALAFIA RIVER PROPERTY GROUP, LLLP</b>							
Principal Place of Business <b>411 VANDERKLOOT DRIVE                  OSPREY, FL 34229</b>			Mailing Address <b>411 VANDERKLOOT DRIVE                  OSPREY, FL 34229</b>				
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		03032006 Chg-LP CR2E003 (11/05)			
City & State		City & State		4. FEI Number <b>20-3086034</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GIANNINI, ALESSANDRO A DDS                  411 VANDERKLOOT DRIVE                  OSPREY, FL 34229</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				FL Zip Code			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	L05000052067		STREET ADDRESS				
NAME	ALAFIA RIVER PROPERTY GROUP, LLC		CITY-ST-ZIP				
STREET ADDRESS	411 VANDERKLOOT DRIVE		<b>300074703023</b> <b>05/17/06--01007--016 **500.00</b>				
CITY-ST-ZIP	OSPREY, FL 34229						
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CITY-ST-ZIP			STREET ADDRESS				

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: \_\_\_\_\_

*Alessandro Giannini* 4/11/2006 941-929-2923  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE