

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001724

1. Entity Name
ILLUSTRATED LAND GROUP MANAGEMENT ENTITY, LTD.



FILED
06 MAY -1 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
300 W. INDIANTOWN RD **300 W. INDIANTOWN RD**
JUPITER, FL 33458 **JUPITER, FL 33458**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03272006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
20-3491740 Not Applicable

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

6. Name and Address of Current Registered Agent

FEINGOLD & KAM, LLC
3300 PGA BLVD., SUITE 410
PALM BEACH GARDENS, FL 33410

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: *[Signature]* DAVID FEINGOLD 3/29/06
Signature, typed or printed name of registered agent and title if applicable. 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 #		STREET ADDRESS	458 NW Fetterbush Way
NAME	BURNS, MATTHEW	CITY-ST-ZIP	Jensen Beach, FL 34957
STREET ADDRESS	8933 SE HAWKS NEST CT		
CITY-ST-ZIP	HOBE SOUND, FL 33455	STREET ADDRESS	458 NW Fetterbush Way
		CITY-ST-ZIP	Jensen Beach, FL 34957
DOCUMENT #			
NAME	BURNS, KIM		
STREET ADDRESS	8933 SE HAWKS NEST CT		
CITY-ST-ZIP	HOBE SOUND, FL 33455		
DOCUMENT #			
NAME	MARTIN, TIMOTHY		
STREET ADDRESS	1622 NATURE COURT		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
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: *Kim Burns - Kim Burns* 3-27-06 561-746-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #