

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A05000001754 1. Entity Name REDWING LIMITED PARTNERSHIP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 AUG 28 AM 9:51

Principal Place of Business 9100-C BOCA GARDENS PARKWAY BOCA RATON, FL 33496	Mailing Address 9100-C BOCA GARDENS PARKWAY BOCA RATON, FL 33496
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2. Principal Place of Business 8769 ESCONDIDO WAY E Suite, Apt. #, etc.	3. Mailing Address 8769 ESCONDIDO WAY E Suite, Apt. #, etc.
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City & State BOCA RATON, FL Zip 33433 Country USA	City & State BOCA RATON, FL Zip 33433 Country USA
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08222006 Chg-LP CR2E003 (11/05)

4. FEI Number 56-2530157	Applied For <input type="checkbox"/> 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 KATZ, MICHAEL E 9100-C BOCA GARDENS PARKWAY BOCA RATON, FL 33496	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8769 ESCONDIDO WAY E City BOCA RATON FL Zip Code 33433
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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 *Michael E Katz* **MICHAEL E KATZ** 8-22-2006
Signature, typed or printed name of registered agent and date if applicable. DATE

FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 KATZ, MICHAEL E STREET ADDRESS 9100-C BOCA GARDENS PARKWAY CITY-ST-ZIP BOCA RATON, FL 33496	STREET ADDRESS 8769 ESCONDIDO WAY E CITY-ST-ZIP BOCA RATON, FL 33433
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 100079941051 09/19/06--01017--027 **500.00
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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: *Michael E Katz* **MICHAEL E KATZ** 8/22/06 561-213-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE