


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A05000001756 1. Entity Name KOPALI COMMUNITIES, LTD.		
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 14 AM 9:52

Principal Place of Business 800 BRICKELL AVE., SUITE 602 MIAMI, FL 33131	Mailing Address 800 BRICKELL AVE., SUITE 602 MIAMI, FL 33131
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2. Principal Place of Business 13225 Biscayne Island Terrace Suite, Apt. #, etc.	3. Mailing Address 13225 Biscayne Island Terrace Suite, Apt. #, etc.
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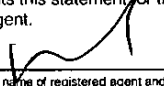


City & State North Miami, FL	City & State North Miami, FL	4. FEI Number 20-3485056	Applied For <input type="checkbox"/> Not Applicable
Zip 33181	Country USA	Zip 33181	Country

08092006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Norman Brooks Street Address (P.O. Box Number is Not Acceptable) 13225 Biscayne Island Terrace City North Miami FL Zip Code 33181	
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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  Norman Brooks DATE 8/9/06 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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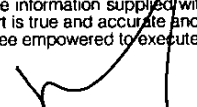
FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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 # L05000048227	NAME CEIBA LAND PARTNERS LLC - <i>name changed to: Kopali Land Partners LLC</i>	STREET ADDRESS 13225 Biscayne Island Terrace	
STREET ADDRESS 800 BRICKELL AVE., SUITE 602	CITY-ST-ZIP MIAMI, FL 33131	CITY-ST-ZIP North Miami, FL 33181	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

300078990703
 08/22/06--01027--004 **\$900.00

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:  Norman Brooks DATE 8/9/06 (305) 981-8661 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	
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