
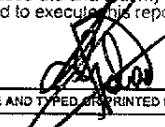


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000002185					
1. Entity Name AMERA 3300 LANDS, LTD.					
Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent AMERA ASSOCIATES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				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 #	NAME		STREET ADDRESS		
NAME	AMERA ASSOCIATES, INC.		CITY-ST-ZIP		
STREET ADDRESS	2900 UNIVERSITY DRIVE				
CITY-ST-ZIP	CORAL SPRINGS, FL 33065				
DOCUMENT #	NAME		STREET ADDRESS	U00000532590	
NAME			CITY-ST-ZIP	05/06/06-80090-011 508.75	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: _____ 			George Rahael, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #
			4/15/06		954-753-9500



02242006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3972149 Applied For Not Applicable

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

FL Zip Code

STAPLE CHECK HERE