2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity		ENT # A0500000 T, LLLP)2204			06 APR -7 AMII		,
1320 SC		Business IE HIGHWAY, SUITE 940 FL 33146	Mailing Address 1320 SOUTH DIXIE I CORAL GABLES, FL		SUITE 940		FAIN 2010 (1210	NAM ODJIF GIVINN OF LEDI
2. Princi	ipal Place	of Business	3. Mailing Address	3. Mailing Address				
Suite,	, Apt. #, et	С.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02072006 Chg-LP	CR2E003	3 (11/05)
City &	& State		City & State	City & State		4. FEI Number		Applied For Not Applicable
Zip		Country	Zip	Coun	ıtry	5. Certificate of Status Desired		8.75 Additional
	6	. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Reg	gistered Ag	ent
2101 C	CORPOR	TS, INC. RATE BLVD., SUITE 107 I, FL 33431	,		Street Address (P.O. Box Number is Not Acceptable)			
					City	·	FL	Zip Code
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 are the obligations of registered agent. SIGNATURE								niliar with, and accept
	Signat	ture, typed or printed name of registered ag	ent and title if applicable.	-			DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00								
<u></u>		A GENERAL PARTNER NOTE: General Partners I	₹ THAT IS A BUSINESS I MAY NOT be changed or	ENTITY M	iUST BE REGIS' n; an amendmer	TERED AND ACTIVE WITH THIS nt must be filed to change a gen	i OFFICE. ieral partn	er.
12.	GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY		
DOCUMENT :					EET ADORESS			
STREET ADD CITY-ST-ZIF	Р СО	1320 SOUTH DIXIE HIGHWAY, SUITE 940 CORAL GABLES, FL 33146			(-ST-ZIP			
DOCUMENT NAME	'			ŞTRE	EET ADDRESS			
STREET ADD				СІТҮ	Y-ST-ZIP	5000716 04/24/0601064) 4 4 2 022	**500.00
DOCUMENT :	*			STRE	EET ADDRESS			
STREET ADOI	I			CITY	/-ST-ZIP			
-DOCUMENT NAME				STRE	EET ADORESS			
STREET ADDI	Р			CITY	'-ST-ZIP			
NAME				STRE	EET ADDRESS			
	P			CITY	-ST-ZIP			· · ·
DOCUMENT A NAME STREET ADDA				STRE	EET ADDRESS			
CITY_ST-ZIP	P				-ST-ZIP		_	
14 Finero indic or the	eby certuy ated on the e receiver	y that the information supplied visit report is true and accurate an or trustee empowered to execu	with this filing does not qualiful not that my signature shall have the this report as required by the third report as required by the repor	fy for the ex ve the same Chapter 620	cemptions containe e legal effect as it n 0, Florida Statutes	ed in Chapter 119, Florida Statutes. I funde under oath; that I am a General	urther certify Partner of th	/ that the information le limited partnership