
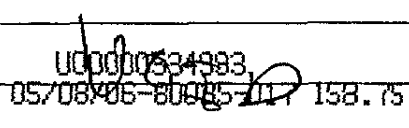
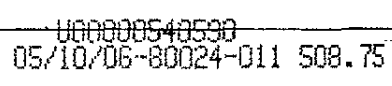


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED  
Apr 28, 2006 08:00 AM  
Secretary of State**

DOCUMENT # <b>A05787</b>							
1. Entity Name <b>AMERICAN MEDICAL PLAZA LIMITED</b>							
Principal Place of Business <b>5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334 US</b>			Mailing Address <b>5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334 US</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-1837793</b>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>LINCOLN, TIMOTHY C ESQ LINCOLN ESQ. P.A. 46 N.E. 6TH STREET MIAMI FL 33132</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 _____				DATE _____			
Signature, typed or printed name of registered agent and title if applicable							
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</b>							
<b>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.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	G48803		STREET ADDRESS				
NAME	BELL PARTNERS, INC.		CITY-ST-ZIP				
STREET ADDRESS	5601 NORTH DIXIE HIGHWAY, SUITE 420						
CITY-ST-ZIP	FT. LAUDERDALE FL 33334						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS							
CITY-ST-ZIP							
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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: <i>Timothy C. Lincoln</i>			Timothy C. Lincoln		4/17/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #		



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE