

**-2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

FILED

06 APR 12 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A07724	
1. Entity Name BYRON FLAGLER, LTD.	

Principal Place of Business % BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131	Mailing Address % BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04072006 Chg-LP CR2E003 (11/05)

4. FEI Number  
59-1931343

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

6. Name and Address of Current Registered Agent MARBIN, EVAN R 48 E FLAGLER STREET PH-104 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	
	KOZOLCHYK, BENNY		
STREET ADDRESS	2250 NE 122 STREET	CITY-ST-ZIP	
CITY-ST-ZIP	N MIAMI, FL 33181		
DOCUMENT #	NAME	STREET ADDRESS	
	ROK, NATAN		
STREET ADDRESS	20 SE 1 AVE	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33131		
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CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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04/27/06--01041--012 \*\*500.00

4-12  
*[Signature]*

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: *[Signature]* Benny Kozolchyk, 4/7/06 (305) 377-4921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE