


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

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A17948		
1. Entity Name MARGATE SHOPPING PLAZA LTD.		

Principal Place of Business 1607 N. STATE ROAD #7 MARGATE FL	Mailing Address P.O. BOX 241 COLLINGSWOOD NJ 08108
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 22-2570905		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MARGATE PROPERTIES, INC. 19667 NE 36 COURT APT. 19-A TURNBERRY ISLE S. N. MIAMI BEACH FL 33180		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	S13451	STREET ADDRESS	
NAME	MARGATE PROPERTIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	TURNBERRY ISLE SO.,		
CITY - ST - ZIP	N. MIAMI BEACH FL		
DOCUMENT #		STREET ADDRESS	000000424030
NAME		CITY - ST - ZIP	02/18/06-80032-008 500.00
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/3/06

Date

Daytime Phone #

STAPLE CHECK HERE