

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**


FILED

97 JAN 21 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SM 106, LTD.		1a. DOCUMENT # A21139	
Mailing Address 4300 NORTH UNIVERSITY DR SUITE A106 D103 LAUDERHILL FL 33351		Principal Office Address 4300 NORTH UNIVERSITY DR SUITE A106 D103 LAUDERHILL FL 33351	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 11/01/1985	
		3a. Date of Last Report 03/28/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$990.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 59-2653218	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MURPHY, WILLIAM M. C/O SM CORP. 4300 NORTH UNIVERSITY DR STE A106 LAUDERHILL FL 33309		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SM CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4300 N. UNIVERSITY DR	11b. City, State & Zip Code LAUDERHILL FL 33351	11c. Registration/Document Number G99378
<p style="text-align: right;"> 000002068100--3 -01/24/97-01085-005 ****165.00 ****165.00 </p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE William M. Murphy **PRESIDENT SM CORP. GP.** DATE 12/27/96
 Typed or Printed Name of General Partner Signing Form William M. MURPHY PRES. SM CORP GP. Daytime Telephone Number 954 746 2221

CR2E003 (6/96)