

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

**DOCUMENT # A21139**

1. Entity Name  
 SM 106, LTD.



**FILED**

06 MAY -1 PM 1:46

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business  
 4300 NORTH UNIVERSITY DR  
 SUITE D-103  
 LAUDERHILL, FL 33351

Mailing Address  
 4300 NORTH UNIVERSITY DR  
 SUITE D-103  
 LAUDERHILL, FL 33351



2. Principal Place of Business  
 1700 NW 66 Ave  
 Suite, Apt. #, etc.  
 #102

3. Mailing Address  
 1700 NW 66 Ave  
 Suite, Apt. #, etc.  
 #102

04042006 Chg-LP CR2E003 (11/05)

City & State  
 Plantation, FL  
 Zip  
 33313 Country  
 USA

City & State  
 Plantation, FL  
 Zip  
 33313 Country  
 USA

4. FEI Number  
 59-2653218 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM M  
 C/O SM CORP.  
 4300 NORTH UNIVERSITY DR STE A106  
 LAUDERHILL, FL 33309

7. Name and Address of New Registered Agent

Name  
 William M. Murphy  
 Street Address (P.O. Box Number is Not Acceptable)  
 1700 NW 66 Ave  
 #102  
 City  
 Plantation FL Zip  
 33313

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 William Murphy William Murphy DATE 4/4/06

**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  
 CITY - ST - ZIP  
 G99378  
 SM CORPORATION  
 4300 N. UNIVERSITY DR.  
 LAUDERHILL, FL 33351

STREET ADDRESS  
 CITY - ST - ZIP  
 1700 NW 66 Ave #102  
 Plantation, FL 33313

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP  
 800074695318  
 05/17/06--01003--019 \*\*500.00

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 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: William Murphy William Murphy DATE 4/4/06 (954) 746-2001

STAPLE CHECK HERE