


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:43

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A21811 1. Entity Name LE JEUNE EXECUTIVE BUILDING, LTD.					
Principal Place of Business 351 N.W. LEJEUNE ROAD, SUTE 600 MIAMI, FL 33126			Mailing Address 351 N.W. LEJEUNE ROAD, SUTE 600 MIAMI, FL 33126		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2792058	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURGER, ALAN M ESQ. % BURGER & TRAILOR, P.A. 8603 S. DIXIE HWY., #303 MIAMI, FL 33143				7. Name and Address of New Registered Agent Name Burger, Alan M. Esq. Street Address (P.O. Box Number is Not Acceptable) Burger, Farmer & Cohen, PL 1601 Forum Place, Suite 404 City West Palm Beach	
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.				FL Zip Code 33401	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	612130 JORME CORPORATION 351 N.W. LEJEUNE ROAD, SUTE 600 MIAMI, FL 33134		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	300075013383 05/22/06--01008--007 **\$500.00	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Frederick L. Nih			Date 4/12/06		
			Daytime Phone # (305) 643-1040		



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