


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

**FILED  
Feb 21, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A22903**  
1. Entity Name  
**CALIFORNIA CLUB MALL SHOPPING CENTER, LTD.**



Principal Place of Business      Mailing Address  
17100 COLLINS AVE                      17100 COLLINS AVE  
SUITE 225                                      SUITE 225  
SUNNY ISLES BEACH, FL 33160        SUNNY ISLES BEACH, FL 33160

**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-LP      CR2E003 (11/05)

4. FEI Number <b>59-2701538</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATZ, RAANAN  
17100 COLLINS AE  
SUITE 225  
SUNNY ISLES BEACH, FL 33160**

**DO NOT WRITE  
IN THIS SPACE**

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

DOCUMENT #	M35098
NAME	CALIFORNIA CLUB SHOPPINGCENTER, INC.
STREET ADDRESS	17100 COLLINS AVE #225
CITY-ST-ZIP	SUNNY ISLES BCH, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000001442807  
03/04/06 80027-010 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:** David Katz      2/15/06      305-949-4110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      City/State Phone #