
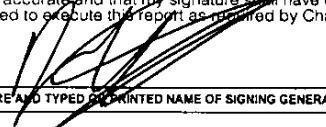


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A23182					
1. Entity Name 17070 COLLINS AVENUE SHOPPING CENTER, LTD.					
Principal Place of Business 17100 COLLINS AVE STE 225 SUNNY ISLES BEACH, FL 33160			Mailing Address 17100 COLLINS AVE STE 225 SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZ, RAANAN 17100 COLLINS AVE SUITE 225 SUITE 225 SUNNY ISLES BEACH, FL 33160			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 _____ <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 #	M37803		STREET ADDRESS		
NAME	17070 COLLINS AVENUE SHOPPING CENTER, INC.		CITY-ST-ZIP		
STREET ADDRESS	17100 COLLINS AVE #225				
CITY-ST-ZIP	SUNNY ISLES BCH, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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: 			David Katz 2/15/06 305-949-4110		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

SEC. OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 8:49



02102006 Chg-LP CR2E003 (11/05)

4. FEI Number
~~59-2722003~~ 59-2721105 Applied For
Not Applicable

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

700066802467
02/28/06--01019--014 **\$500.00