


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # A23433 1. Entity Name 1271 BLOCK, A LIMITED PARTNERSHIP	
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Principal Place of Business C/O HAROLD SORENS 14425 STRATHMORE LANE STE. #802 DELRAY BEACH FL 33446	Mailing Address C/O HAROLD SORENS 14425 STRATHMORE LANE STE. #802 DELRAY BEACH FL 33446
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E003 (10/05)

4. FEI Number 22-2338972	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SORENS, HAROLD
14425 STRATHMORE LANE SUITE 802
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	SORENS, HAROLD	STREET ADDRESS	
NAME	14425 STRATHMORE LN, #802	CITY - ST - ZIP	
STREET ADDRESS	DELRAY BEACH FL		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	000000532105
NAME		CITY - ST - ZIP	05/06/06-80067-016 500.00
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: *Harold Sorens* **HAROLD SORENS** *4/17/06* **561-495-9004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #