


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

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

|   |         |  |         |  |
|---|---------|--|---------|--|
| <b>DOCUMENT # A23433</b>  |         |  |         |   |
| 1. Entity Name<br>1271 BLOCK, A LIMITED PARTNERSHIP   |         |  |         |  |
| Principal Place of Business<br>C/O HAROLD SORENS<br>14425 STRATHMORE LANE STE. #802<br>DELRAY BEACH FL 33446  |         | Mailing Address<br>C/O HAROLD SORENS<br>14425 STRATHMORE LANE STE. #802<br>DELRAY BEACH FL 33446 |         |  |
| 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<br><br>SORENS, HAROLD<br>14425 STRATHMORE LANE SUITE 802<br>DELRAY BEACH FL 33446   |         |  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____   |



1st MOORE CR2E003 (10/05)

4. FEI Number **22-2338972** Applied For ☐ Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**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 #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            | SORENS, HAROLD            | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 14425 STRATHMORE LN, #802 |                          |  |
| CITY - ST - ZIP                 | DELRAY BEACH FL           |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |
| DOCUMENT #                      | NAME                      | STREET ADDRESS           |  |
| NAME                            |                           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |                           |                          |  |
| CITY - ST - ZIP                 |                           |                          |  |

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 05/06/06-80067-016 500.00

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 #