

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT #A23751
1. Entity Name
GOLDKRESS ASSOCIATES, LTD.



Principal Place of Business
230 5TH STREET
MIAMI BEACH, FL 33139

Mailing Address
230 5TH STREET
MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



03152006 No Chg-LP

CRZE003 (11/05)

4. FEI Number
13-3406227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINS, SCOTT
230 5TH STREET
MIAMI BEACH, FL 33139

**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

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

000000492948
04/19/06-60083-019 500.00
DATE

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 # **M42572**
NAME **GOLDKRESS, INC.**
STREET ADDRESS **230 5TH STREET**
CITY- ST- ZIP **MIAMI BEACH, FL 33139**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Scott Robins

MAR 30 2006

STAPLE CHECK HERE