2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 10:25

DOCUMENT # A24136

1. Entity Name
CIRCLE PARTNERS, LTD.

Principal Place of Business	Mailing Address
3650 N. 36 AVENUE VILLA 44 HOLLYWOOD, FL 33021	3650 N 36 AVENUE VILLA 44 HOLLYWOOD, FL 33021

04182006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
3325 S. UNIVERSITY DR.	3325 S. UNIVERSITY DR.
Suite, Apt #, etc: SUITE 210	Suite, Apt #, etc: SUITE 210
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. FEI Number: 65-0000670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, RUTH D 3650 N. 36 AVENUE VILLA 44 HOLLYWOOD, FL 33021	Name: ED MORGAN Street Address (P.O. Box Number is Not Acceptable): C/O ROSS REALTY 3325 UNIVERSITY AVE., SUITE 210 City: DAVIE FL Zip Code: 33328

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: 4/19/06
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M14595	STREET ADDRESS	3325 UNIVERSITY DR., SUITE 210
NAME	ALTMOR INVESTORS, INC	CITY-ST-ZIP	DAVIE, FL 33328
STREET ADDRESS	3650 N 36 AVENUE		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: _____ 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #