


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 10:07

DOCUMENT # A26065		
1. Entity Name INTERBANC REAL ESTATE FUND, LTD.		

Principal Place of Business 2600 E. COMMERCIAL BLVD. STE. #200 FORT LAUDERDALE, FL 33308	Mailing Address 2600 E. COMMERCIAL BLVD. STE. #200 FORT LAUDERDALE, FL 33308
---	---

2. Principal Place of Business 5401 University Drive Suite, Apt. #, etc. 103	3. Mailing Address 5401 University Drive Suite, Apt. #, etc. 103
---	---

City & State CORAL SP FL	City & State CORAL SP FL
Zip 33067	Country BROWARD



01252006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0102873	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent JENNINGS & VALANCY ATTORNEYS 311 SE 13TH STREET FORT LAUDERDALE, FL 33316
--

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 \$500.00
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 # NAME STREET ADDRESS CITY-ST-ZIP	J94650 INTERBANC REAL ESTATE, INC. 2600 E. COMMERCIAL BLVD., STE. #200 FT. LAUDERDALE, FL	STREET ADDRESS CITY-ST-ZIP	5401 University Drive #103 CORAL SP FL 33067
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900066794109 02/20/06 01014 013 **500.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____ <small>Daytime Phone # _____</small>
---	--