

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

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A27403				
1. Entity Name 200 N.E. 3RD AVENUE BANK LTD.				
Principal Place of Business 16 NE 4TH STREET FT. LAUDERDALE FL 33301		Mailing Address 16 NE 4TH STREET FT. LAUDERDALE FL 33301		
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 EUROMANAGEMENT INC. 16 NE 4TH STREET FORT LAUDERDALE FL 33301				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.				



1st MOORE CR2E003 (10/05)
4. FEI Number **59-2590771** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

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

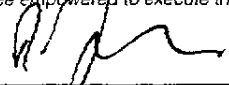
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	G22540	STREET ADDRESS	
NAME	CONDOR MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	16 NE 4TH ST		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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03/21/06-80043-018 508.75

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:  **Robert Kreyer** **2-8-08** **954-779-7102**

STAPLE CHECK HERE