

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:45

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A28032		
1. Entity Name 95 RIVERSIDE, LTD.		

Principal Place of Business 10451 NW 33RD ST MIAMI, FL 33172	Mailing Address 7990 SW 117 AVE SUITE 203 MIAMI, FL 33183
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2. Principal Place of Business 7601 SW Lost River Rd.	3. Mailing Address 7601 SW Lost River Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart, Florida	City & State Stuart, Florida
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Zip 34997	Country USA	Zip 34997	Country USA
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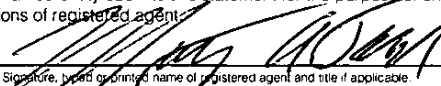


04062006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0106215	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TABOR, MARTIN A 10451 NW 33RD ST MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Tabor, Martin A. Street Address (P.O. Box Number is Not Acceptable) 7601 SW Lost River Rd. City Stuart FL Zip Code 34997	
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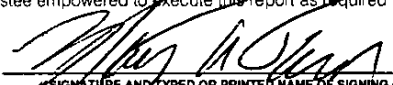
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE 4/12/06

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	K64161 SURI, INC. 10451 NW 33RD ST MIAMI, FL 33172	STREET ADDRESS CITY-ST-ZIP	7601 SW Lost River Rd. Stuart, Florida 34997
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500075015005 05/22/06--01013--029 **508.75
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	DATE 4/12/06 Date	DAYTIME PHONE # 772 463 7400 Daytime Phone #
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STAPLE CHECK HERE