

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 06 MAY -1 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 TALLAHASSEE, FLORIDA

DOCUMENT # A28866 1. Entity Name ARECA ASSOCIATES, LTD.					
Principal Place of Business 19531 N.E. 17TH AVE MIAMI, FL 33179			Mailing Address 19531 N.E. 17TH AVE MIAMI, FL 33179		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0142304	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KRAMER, ROBERT M ESQ. KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD STE 485 SOUTH HOLLYWOOD, FL 33021				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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	19531 Presidential Way	
STREET ADDRESS	3000 ISLAND BLVD., APT. #2903		CITY-ST-ZIP	North Miami Beach, FL 33179	
CITY-ST-ZIP	AVENTURA, FL 33160		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
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DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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			800074762708 05/17/06--01034--006 **500.00		
SIGNATURE: <i>Robert M. Kramer</i>			305-682-9214		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE