

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

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                              |         |     |                                                                  |                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # A28934</b>                                                                                                                                                                                                     |         |     |                                                                  |                                                        |  |
| 1. Entity Name<br><b>AA/MIAMI GROUP, LTD.</b>                                                                                                                                                                                |         |     |                                                                  |                                                                                                                                         |  |
| Principal Place of Business<br><b>6600 S.W. 57TH AVE.<br/>MIAMI FL 33134</b>                                                                                                                                                 |         |     | Mailing Address<br><b>6600 S.W. 57TH AVE.<br/>MIAMI FL 33134</b> |                                                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                               |         |     | 3. Mailing Address                                               |                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                          |         |     | Suite, Apt. #, etc.                                              |                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                 |         |     | City & State                                                     |                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                          | Country | Zip | Country                                                          | 4. FEI Number<br><b>65-0146583</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                              |         |     |                                                                  | Applied For<br>Not Applicable                                                                                                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRYER, WARREN<br/>6600 S.W. 57TH AVE.<br/>SUITE 200<br/>MIAMI FL 33143</b>                                                                                         |         |     |                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                   |         |     |                                                                  |                                                                                                                                         |  |



1st MOORE CR2E003 (10/05)

**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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V58487<br/>ABRAHAM/MIAMI, INC.<br/>6600 SW 57TH AVE.<br/>MIAMI FL 33134</b> | STREET ADDRESS<br>CITY - ST - ZIP |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                | STREET ADDRESS<br>CITY - ST - ZIP | <b>1800000429230<br/>04/08/06-80038-003 508.75</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                | STREET ADDRESS<br>CITY - ST - ZIP |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                | STREET ADDRESS<br>CITY - ST - ZIP |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                | STREET ADDRESS<br>CITY - ST - ZIP |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                | STREET ADDRESS<br>CITY - ST - ZIP |                                                    |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                | STREET ADDRESS<br>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:** 

**MARCH 22, 2006**