


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29266</b> 1. Entity Name <b>JENSEN BEACH LAND COMPANY, LTD.</b>	
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Principal Place of Business <b>C/O DACAR MANAGEMENT LLC</b> <b>336 E. DANIA BEACH BLVD.</b> <b>DANIA, FL 33004</b>	Mailing Address <b>C/O DACAR MANAGEMENT LLC</b> <b>336 E. DANIA BEACH BLVD.</b> <b>DANIA, FL 33004</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04132006    Chg-LP    CR2E003 (11/05)

4. FEI Number <b>65-0160084</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>CARLOS GARCIA-JELEZ</b> <b>336 E. DANIA BEACH BLVD.</b> <b>DANIA, FL 33004</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>U00000543240</b> <b>05/10/06-80131-002 508.75</b> <small>DATE</small>
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**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 #	S84303	STREET ADDRESS	
NAME	JENSEN BEACH CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	336 E. DANIA BCH BLVD.		
CITY-ST-ZIP	DANIA, FL 33004		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<b>4/20/06</b> <small>Date</small>	<b>954-927-4885</b> <small>Daytime Phone #</small>
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