2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Mar 31, 2006 08:00 AM

Due By May 1, 2006				Secretary of State	
1. Entity Nam	MENT # A31695 ORT PROPERTY, LTD.				oury or some
290 SW 127		Mailing Address 290 SW 12 AVENUE			
DEEKFIELD	BEACH, FL 3344Z	DEERFIELD BEACH, FL 3344	2	A SERVERY MARK STAND WAS RELIEVED WITH	EKERA MANAK MANUK MANAK MANAK MUNKANA MA CAMPA
_	A NOT WOLT	- 131 - 1110 004	05	02272006 No Chg-LP	CR2E003 (11/05)
L	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0267406	Applied For Not Applicable
				Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curren	t Registered Agent		<u>! </u>	
BEAVER PROPERTIES, INC. 290 SW 12 AVENUE				DO NOT W	RITE
DEERFIEL	LD BEACH, FL 33442	~		IN THIS SP	ACE
1 The shows	named entity submits this statement	or the numera of changing its regist	area affine or register	and agent as both to the Store of Etn	ado Lors formitos suth and account
the obliga	tions of registered agent.	ar the barbase or changing as region	sted duick at tedizier	ed again, or poin, in the size of Fior	ida. Familiamiliar willi, arid accept
SIGNATURE	Signature, typod or printed name of tegistered agen	d and title if applicable.			DATE
	FILE NO After May 1.	Will FEE IS \$500.00 2006, Fee will be \$900.00			
	A GENERAL PARTNER	THAT IS A BUSINESS ENTITY AY NOT be changed on the for	MUST BE REGIST	FERED AND ACTIVE WITH THE	S OFFICE, neral partner.
12.	GENERAL PARTNE				
DOCUMENT # NAME	S60091 ABDO INVESTMENTS, INC				
STREET ADDRESS		-			Ú4858 5 5
City-St-Zip	DEERFIELD BEACH, FL 33442			8 97 51740	-80012-006 500.00
DOCUMENT #					
NAME STREET ADDRESS		1			
- CITY-ST-ZTP					
Dogument # Name					
STREET ADDRESS	}			DO NOT WE	PITE
CITY-ST-ZIP					
DOCUMENT #				IN THIS SPA	ACE
NAME STREET ADDRESS		1			
CAY-SI-ZIP					
DOCUMENT ?					
NAME STREET ADDRESS		1			
CITY-ST-ZIP					
DOCUMENT					

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 520, Florida Statutes

SIGNATURE:

Peter Sabga

03/24/2006

(954) 425-0295

Chirylinne Phone #