

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 APR 24 AM 10:25

DOCUMENT # A32648 1. Entity Name MANHATTAN PALMS, LTD.					
Principal Place of Business C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176			Mailing Address C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 59-3160195	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MITCHELL, JAMES R. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI, FL 33176				Name <u>Alex Sherry</u> Street Address (P.O. Box Number is Not Acceptable) <u>9095 SW 87 Avenue</u> <u>Suite 777</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33176</u>	
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-18-06</u>	
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 #	P04000158194		STREET ADDRESS		
NAME	PROFESSIONAL ACQUISITIONS AND CONVERSIONS,		CITY-ST-ZIP		
STREET ADDRESS	9095 SW 87TH AVE. SUITE 777		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>4/12/06</u> Daytime Phone # <u>305-270-0870</u>		

STAPLE CHECK HERE

000074080650
 05/05/06-01048-019 **\$500.00