2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

BOCUMENT # A93000000526

1. Entity Name THE COURTS AT SOUTH BEACH, LTD.



FILED Feb 21, 2006 08:00 AM Secretary of State

Principal Place of Business

20803 BISCAYNE BLVD., SUITE 200 AVENTURA, FL 33180 Malling Address

20803 BISCAYNE BLVD., SUITE 200 AVENTURA, FL 33180



DO NOT WRITE IN THIS SPACE

02072006 No Chg-LP CR2

CR2E003 (11/05)

4. FEI Number 65-0416901 Applied For Not Applicat 1

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DAVID, ALAN 20803 BISCAYNE BLVD., SUITE 200 AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE	
6. The above the obliga	 named entity submits this statement for the purpose of changing its registered agent. 	stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable.	DATE	
	FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	,	
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. orm; an amendment must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION		
DOCUMENT #	K67342	en e	
NAME	PACIFIC INTERNATIONAL TELECOMMUNICATIONS		
STREET ACCRESS			
CITY-ST-ZIP	AVENTURA, FL 33180	the second secon	
DOCUMENT #	P93000028542	U30000442504	
NAME	PACIFIC INTERNATIONAL SOUTH BEACH, INC.	03/04/06-60027-007 500.00	
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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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as regulated by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP