


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

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000000864</b>			
1. Entity Name <b>CEEBRAID-SIGNAL FLORIDA MANAGEMENT, LTD.</b>			
Principal Place of Business <b>250 AUSTRALIAN AVE., SO., 10TH FL, #1 WEST PALM BEACH FL 33401</b>		Mailing Address <b>250 AUSTRALIAN AVE., SO., 10TH FL, #1 WEST PALM BEACH FL 33401</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number **11-3180696** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent <b>SCHLESINGER, RICHARD 801 SOUTH COUNTY ROAD PALM BEACH FL 33480</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

DATE

**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 #	<b>G93235900033</b>	STREET ADDRESS	
NAME	<b>THE PRINCE REALTY TRUST NO. II</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>250 AUSTRALIAN AVENUE SOUTH, 10TH FLOOR</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		
DOCUMENT #		STREET ADDRESS	<b>U000000514644</b>
NAME		CITY-ST-ZIP	<b>04/29/06-80182-005 500.00</b>
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

SIGNATURE: \_\_\_\_\_