
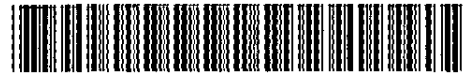


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 14, 2006 08:00 AM
Secretary of State**

| | | | | | |
|---|---------|---------------------|--|---|----|
| DOCUMENT # A94000001161 | | | |  | |
| 1. Entity Name 33RD STREET CONSOLIDATED PARTNERS, LTD. | | | | | |
| Principal Place of Business 851 EAST S.R. 434, SUITE 182 LONGWOOD FL 32750 | | | Mailing Address 851 EAST S.R. 434, SUITE 182 LONGWOOD FL 32750 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3240990 | |
| Zip | Country | 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 | | |
| GREENSPOON, ALEX 851 EAST S.R. 434, SUITE 182 LONGWOOD FL 32750 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | FL |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |



1st MOORE CR2E003 (10/05)

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 # | GREENSPOON, ALEX | STREET ADDRESS | |
| NAME | 851 EAST S.R. 434, SUITE 182 | CITY-ST-ZIP | |
| STREET ADDRESS | LONGWOOD FL 32750 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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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: 