


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

DOCUMENT # A95000000921		
1. Entity Name THE ALNA ROSA LIMITED PARTNERSHIP #1		

Principal Place of Business 2500 E. HALLANDALE BEACH BLVD., STE. HALLANDALE FL 33009	Mailing Address 2500 E. HALLANDALE BEACH BLVD., STE. HALLANDALE FL 33009
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2. Principal Place of Business 1851 NW 125 Ave	3. Mailing Address
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State Pembroke Pines, FL	City & State
Zip 33028	Country USA

FILED

06 MAY -1 PM 1:24

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0603313		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SEGALL, E.M. 2500 E. HALLANDALE BEACH BLVD., STE. 707 HALLANDALE FL 33009		7. Name and Address of New Registered Agent Name Segall, E.M. Street Address (P.O. Box Number is Not Acceptable) 1851 NW 125 Ave Suite 300 City Pembroke Pines FL Zip Code 33028

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 *E.M. Segall* DATE **4/24/06**

Signature, typed or printed name of registered agent and title if applicable.

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 # P95000047502	NAME 2500 HALLANDALE BUILDING, INC.	STREET ADDRESS	
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD., STE. 707	CITY-ST-ZIP HALLANDALE FL 33009	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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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: *E.M. Segall* DATE **4/24/06** **954-447-7775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE