## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Mar 20, 2006 08:00 AM **DOCUMENT # A95000000958 Secretary of State** 3091 LTD. Principal Place of Business Mailing Address 1500 FLORIAN DRIVE 1500 FLORIAN DRIVE **DANIA, FL 33004** DANIA, FL 33004 01132006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0600439 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHN, ALAN B DO NOT WRITE % ABRAMS ANTON ROBBINS RESNICK & SCHNEIDER 2021 TYLER STREET IN THIS SPACE HOLLYWOOD, FL 33022 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. U00000475814 <del>04/05/06-**30**031-021-500,</del>00 Signature, typed or printed name of registered agent and title if applicable. 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. GENERAL PARTNER INFORMATION 12. P95000049037 DOCUMENT # NAME FLOBER, INC. STREET ADDRESS 1500 FLORIAN DRIVE CITY-ST-ZIP **DANIA, FL 33004** DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MASSE STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not quality 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: 🚅

CHECK

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DOCUMENT A NAME STREET ADDRESS CRY-ST-ZIP