



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

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| DOCUMENT # A95000001977 1. Entity Name NORIC/DESTIN LIMITED PARTNERSHIP |  |
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FILED
06 MAY -1 PM 1:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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| Principal Place of Business 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129 | Mailing Address 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 65-0634296 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

1st MOORE CR2E003 (10/05)

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| 6. Name and Address of Current Registered Agent DAVID, MARY ANN Y ESQUIRE 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

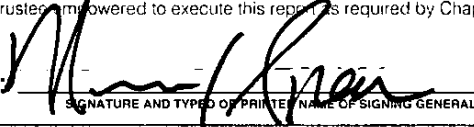
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-ST-ZIP | P95000095094 NORIC/DESTIN VENTURES, INC. 2333 BRICKELL AVENUE, SUITE D-1 MIAMI FL 33129 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 900075024009 05/22/06--01033--003 **500.00 |
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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:  Norman S. Rosen Date: 4/25/06 Timezone: 305.859.4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #