


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

<b>DOCUMENT # A96000000854</b>	
1. Entity Name <b>396 LIMITED PARTNERSHIP</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**06 MAR -3 AM 9:50**

Principal Place of Business <b>400 ROYAL PALM WAY, SUITE 214 PALM BEACH FL 33480</b>	Mailing Address <b>400 ROYAL PALM WAY, SUITE 214 PALM BEACH FL 33480</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

*[Handwritten Signature]*

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ALEXANDER, LARRY B ESQ. 505 S. FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \_\_\_\_\_ 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	<b>P96000038830 396 CORPORATION 400 ROYAL PALM WAY, SUITE 214 PALM BEACH FL 33480</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>400068099884 03/20/06 01017 024 **526.25</b>
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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:** *[Handwritten Signature]* **2/14/06** **561 659-4973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #