## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED May 16, 2006 08:00 AM Secretary of State

DOCUMENT	#A96000000889	
DOCUMENT	# 14900000000	
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1. Entity Name COLONIAL SQUARE, LTD.



Principal Place of Business

1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139 Mailing Address

1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139



04182006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0666114 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROSENBERG, JEFFREY

1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE		
	named entity submits this statement for the purpose of changing its registerions of registered agent.	red office or registered agent, or both, in the State of Florida - I am familiar with, and accept		
SIGNATURE -	Signature, typed or printed name of registered agent and talle if applicable	DATE		
2	FILE NOW!!! FEE 19 \$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.				
DOCUMENT # NAME STREET ADDRESS EITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS EITY-ST-ZIP	GENERAL PARTNER INFORMATION P96000037562 COLONIAL SQUARE, INC. 1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139	, U00000564496 05/20/06-80072-002 508.75		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	,	DO NOT WRITE		
OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		

14. I hereby certify that the information supplied with this filling 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:

DOCUMENT #
NAME
STREET ADDRESS
CITY+ST-ZIP
DOCUMENT #
MAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/01.

Daytime Phone ≢