2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT #A960000012 1. Entity Name OKEE PLAZA, LTD.	205			l AM 9:39 Min JATE SLE FLORIDA
Principal Place of Business 4524 GUN CLUB ROAD, SUITE 212 WEST PALM BEACH, FL 33415	Mailing Address 4524 GUN CLUB ROAD, SUITE WEST PALM BEACH, FL 3341			OLL FEUNIDA
2. Principal Place of Business 8845 N. Military Trail 8845 N. Militar		w Menil		
Suite, Apt. #, etc. Suite 100 Suite 100 Suite 100		y Itali	03062006 Chg-LP	CR2E003 (11/05)
City & State Palm Beach Gardens, FL Zip Country	City & State Palm Beach Gar Zip Cour		4. FEI Number 65-0732302	Applied For Not Applicable
33410 Palm Beach 6. Name and Address of Current	33410 Pal	m Beach	Certificate of Status Desired Name and Address of New R	\$8.75 Additional Fee Required
REICHEL, WILLIAM B 4524 GUN CLUB ROAD, SUITE 212 WEST PALM BEACH, FL 33415	Name Reichel, William B. Street Address (P.O. Box Number is Not Acceptable) 8845 N. Military Trail, Ste. 100			
City Palm F			each Gardens	FL Zip Code 33410
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 the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable. DATE				06
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.				
12. GENERAL PARTNER	INFORMATION 13		ADDRESS CH	ANGES ONLY
DOCUMENT # P96000053712 NAME OKEE PLAZA, INC. STREET ADDRESS 4524 GUN CLUB ROAD, SUITE 2	212	<u> </u>		Trail, Ste. 100
CITY-ST-ZIP WEST PALM BEACH, FL 33415		REET ADDRESS	lm Beach Garder	IIS, FL 33410
NAME STREET ADDRESS — CITY-ST-ZIP	cn	TY-ST-ZIP	700074	
DOCUMENT # NAME	ST	REET ADDRESS	700074 05/16/060101	9025 **500.00
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OCITY-ST-ZIP		TY-ST-ZIP		
NAME STREET ADDRESS		ITY-ST-ZIP		
14. I hereby certify that the information supplied will indicated on this report is true any accurate and or the receiver or trustee employered to execute.	h this filing does not qualify for the that my signature shall have the sal	exemptions contains me legal effect as if a	ed in Chapter 119, Florida Statutes made under oath; that I am a Gene	. I further certify that the information eral Partner of the limited partnership
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER District Phone #				