


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:39


DOCUMENT # A96000001375

1. Entity Name
SAMPLE 95 ASSOCIATES, LTD.



Principal Place of Business 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPAN0 BEACH, FL 33064	Mailing Address 2100 PARK CENTRAL BLVD. N. SUITE 900 POMPAN0 BEACH, FL 33064
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03222006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0694434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J
88-168 STREET NE
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name Klein, Theodore J.
Street Address (P.O. Box Number is Not Acceptable) 8030 Peters Road, Suite D-104
City Plantation FL Zip Code 33324

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 2/22/06

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P96000061336
NAME	SAMPLE 95, INC.
STREET ADDRESS	2100 PARK CENTRAL BLVD. N., #900
CITY-ST-ZIP	POMPAN0 BEACH, FL 33064
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<u>2875 N.E. 191 Street, PH 2B</u>
CITY-ST-ZIP	<u>Aventura, Florida 33180</u>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200074076932
CITY-ST-ZIP	05/05/06--01043--002 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER