2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A96000001377

FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business 2320 N.W. 147TH STREET MIAMI, FL 33054

1. Entity Name CENTRAL FARMS, LTD.

Mailing Address 2320 N.W. 147TH STREET MIAMI, FL 33054



DO NOT WRITE IN THIS SPACE

03202006 No Chg-LP CR2E003 (11/05)

4. FEI Number Applied For 65-0680930 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORMOY, ERIC 2320 N.W. 147TH STREET MIAMI, FL 33054

12.

DO NOT WRITE IN THIS SPACE

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 lamillar with, and accept
the obligations of registered agent.	
SIGNATURE	
Complice is mad as existed many of explosoral panel and bills if applicable	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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 CITY-ST-ZIP	577794 MAS INVESTMENTS, INC. 2320 N.W. 147TH STREET MIAMI, FL 33054
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
ERE	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
STAPLE CHECK HERE	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000554507 05/15/06-80094-014 500.00

DO NOT WRITE IN THIS SPACE

Date

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 regulared by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #