## 20ប៉6 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DOCUMENT # A96000001408

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE

S.R.S. ASSOCIATES, LTD.



Principal Place of Business Mailing Address

501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131 FILED
May 02, 2006 08:00 AN
Secretary of State

Fee Required



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMON, JEFFREY 501 BRICKELL KEY DRIVE, SUITE 103 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

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 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 #		
NAME	SIMON, JEFFREY	
STREET ADDRESS	501 BRICKELL KEY DRIVE, SUITE 103	
CITY-ST-ZIP	MIAMI, FL 33131	
00CUMENT #	1	U00000558766 05/17/06-80111-007 500.00
NAME		US/17/06-80111-007 SDO.00
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME STREET ADBRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WRITE
		IN THIS SPACE
DOCUMENT # NAME		IN THIS STACE
STREET ADDRESS	1	
CITY-ST-ZIP	<u> </u>	
DOCUMENT #		.*
NAME		,
STREET ADDRESS		•
CITY-ST-ZIP	ļ	•
DOCUMENT #		•
NAME		
STREET ADDRESS	1	
City - St-Zip		

14. I hereby certify that the information supplied with this filing does not quality 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

RINTED NAME OF SIGNING GENERAL PARTNER