

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 11:05

DOCUMENT # A96000002239

1. Entity Name
 WATERFORD CENTRE, LTD.



Principal Place of Business
 6205 BLUE LAGOON DR., SUITE 120
 MIAMI, FL 33126

Mailing Address
 2600 DOUGLAS RD., SUITE 204
 CORAL GABLES, FL 33134-6100

2. Principal Place of Business
 999 PONCE DE LEON BLVD.

3. Mailing Address

Suite, Apt. #, etc.
 SUITE 101

Suite, Apt. #, etc.

City & State
 CORAL GABLES, FL

City & State

Zip
 33134

Country
 MIAMI-DADE

Zip

Country

02202006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0707386

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUAN LOUMIET - GREENBERG TRAURIG
 1221 BRICKELL AVENUE
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

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 # P95000040476
 NAME WATERFORD CENTRE, INC.
 STREET ADDRESS 2600 DOUGLAS ROAD, SUITE 204
 CITY-ST-ZIP CORAL GABLES, FL 33134

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800074078538
05/05/06--01045--011 **\$500.00

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:

X. FRANCISCO ROSALES 2/22/06 (305)461-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE