2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A96000002516

Principal Place of Business

1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139

1. Entity Name
PLANTATION TOWNE MALL, LTD.



Mailing Address

1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139

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



DO NOT WRITE IN THIS SPACE

04182006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0724819

Applied For Not Applicable

5. Certificate of Status Destred

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAPPORT, MORRIS 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139

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 fille if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	0
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. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P95000019691 PLANTATION TOWNE SQUARE, INC 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139	i i Caracina como en esta como con
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		U00000554203 05/15/06-80082-023 508.75
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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: ~

STAPLE CHECK HERE

CITY-ST-ZIP DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #