


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:36

DOCUMENT # A97000000258 1. Entity Name DEL PRADO GARDENS, LTD.					
Principal Place of Business 155 SOUTH MIAMI AVENUE SUITE 1150 MIAMI, FL 33131			Mailing Address 155 SOUTH MIAMI AVENUE SUITE 1150 MIAMI, FL 33131		
2. Principal Place of Business 155 S. MIAMI AVENUE Suite, Apt. #, etc. 850		3. Mailing Address 155 S. MIAMI AVENUE Suite, Apt. #, etc. 850			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0751464	
Zip 33131		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRFOUR SUPPORTIVE HOUSING, INC. 155 SOUTH MIAMI AVENUE SUITE 1150 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name CARRFOUR SUPPORTIVE HOUSING, INC. Street Address (P.O. Box Number is Not Acceptable) 155 S. MIAMI AVE SUITE 850 City MIAMI FL Zip Code 33131		
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 <u>Deplaine Bence</u> DATE <u>2/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	N93000000642		STREET ADDRESS	155 S. MIAMI AVENUE, SUITE 850	
NAME	CARRFOUR CORPORATION		CITY-ST-ZIP	MIAMI, FL 33131	
STREET ADDRESS	155 SOUTH MIAMI AVENUE, STE. #1150		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Deplaine Bence</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			2/20/06 (305) 371-8300 <small>Date Daytime Phone #</small>		

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