

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000440

1. Entity Name
ISLAND SHOPS, LTD.



Principal Place of Business
4524 GUN CLUB ROAD, #212
WEST PALM BEACH, FL 33415

Mailing Address
4524 GUN CLUB ROAD, #212
WEST PALM BEACH, FL 33415

2. Principal Place of Business
8845 N. Military Trail
 Suite, Apt. #, etc.
100

3. Mailing Address
8845 N. Military Trail
 Suite, Apt. #, etc.
Suite 100

City & State
Palm Beach Gardens, FL
 Zip
33410

City & State
Palm Beach Gardens, FL
 Zip
33410

03062006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0732296

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ARSENAULT, GERARD A
800 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401

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 _____ DATE _____
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000013193	STREET ADDRESS	8845 N Military Trail, Ste.100
NAME	ISLAND SHOPS, INC.	CITY-ST-ZIP	Palm Beach Gardens, FL 33410
STREET ADDRESS	4524 GUN CLUB ROAD, #212		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

100074624671
05/15/06--01048--010 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/07/06

Date

561 478-4440

Daytime Phone #

STAPLE CHECK HERE