## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DUE BY MAY 1, 2006					
DOCUMENT # A9700000481  1. Entity Name  RES HOLDINGS, LTD.				FILED	
				06 MAY -1 AM 8: 48	
3400 NE 34	Principal Place of Business Mailing Address  3400 NE 34TH ST, SUITE 101  FT LAUDERDALE FL 33308  RET LAUDERDALE FL 33308			SECRETARY OF STATE TALLAHASSEE FLORIDA	
2700	2. Principal Place of Business 2700 NORTH 29 <sup>TL</sup> AVE.  Suite, Apt. #, etc.  3. Mailing Address 2700 NORTH Suite, Apt. #, etc.				
#108	# 108 # 108 City & State Gity & State			1st MOORE CR2E003 (10/05)  4. FEI Number Applied For	
1111	YWOOD FL Country	HOLLYWOOD	F L	65-0727375   Not Applicable	
330		33020	บรล	Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent	
SAI	MMOUNT, INC.		Name		
346	3400 NE 34TH ST, SUITE 101 FT-LAUDERDALE FL-33308			s (P.O. Box Number is Not Acceptable)  NORTH 29TH AVE	
				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, an accept the obligations of registered agent.					
SIGNATURE					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
				STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNER	INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	SAMMOUNT, INC.		STREET ADDRESS	700 NORTH 29th AVE # 108	
CITY-ST-ZIP	FT-LAUDERDALE FL 93308	'	CITY-ST-ZIP	OLLYWOOD, FL 33020	
NAME STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			CłTY-ST-ZIP	800075014658 05/22/0601013014 **500.00	
DOCUMENT <b>#</b> NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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O CITY-ST-LIP			CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS			STREET ADDRESS		
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 it made under oath; that I am a General Partner of the limited partner or the receiver or trustee empowered to exacute this report as required by Chapter 620, Florida Statutes  SALMOUNT.					
SIGNA	SIGNATURE: 34! 4 11 06 (954) 929-1122				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					