


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000000745</b> 1. Entity Name PLANTATION TOWNE - WASERSTEIN, LTD.	
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Principal Place of Business 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139	Mailing Address 1655 DREXEL AVENUE, SUITE 208 MIAMI BEACH, FL 33139
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04182006 No Chg-LP' CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0745776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WASERSTEIN, CARLOS 1655 DREXEL AVENUE, SUITE 212 MIAMI BEACH, FL 33139
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**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 \_\_\_\_\_ 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	
DOCUMENT #	P97000025253
NAME	PLANTATION TOWNE - WASERSTEIN, INC.
STREET ADDRESS	1655 DREXEL AVENUE, SUITE 208
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

100000554201  
05/15/06-80082-022 508.75

**DO NOT WRITE  
IN THIS SPACE**

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

4/20/06 305-672-7741  
Date Daytime Phone #

STAPLE CHECK HERE