


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

**FILED
Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # A97000000888
1. Entity Name
SKF ENTERPRISES, LTD.



Principal Place of Business
9999 COLLINS AVENUE, APT. 16-B
BAL HARBOR, FL 33154

Mailing Address
9999 COLLINS AVENUE, APT. 16-B
BAL HARBOR, FL 33154

DO NOT WRITE IN THIS SPACE



01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0750788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DANIELS, NICHOLAS M ESQ.
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI, FL 33131

**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 #	P97000035910
NAME	SHIRFLET, INC.
STREET ADDRESS	9999 COLLINS AVENUE, APT. 16-B
CITY-ST-ZIP	BAL HARBOR, FL 33154
DOCUMENT #	
NAME	
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02/18/06-80036-013 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: Shirley K. Fletcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____