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

STAPLE CHECK HERE

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS

DE ADD

**q**s"

240-1641

1. Entity Nam	MENT # A9700000980 ioldings, ltd.		OF APR 10 AM 9: 12
Principal Place of Business  6574 N. STATE ROAD 7, PMB #163  COCONUT CREEK, FL 33073  Mailing Address 6574 N. STATE ROAD 7, PMB # COCONUT CREEK, FL 33073  COCONUT CREEK, FL 33073			( )
2. Principal P 7068 Suite, Apt.		70 <sup>th</sup> M	03162006 Chg-LP CR2E003 (11/05)
FOY & Stat	fland .Fl Parh lar	rd F	4. FEI Number Applied For 65-0754482 Not Applied be
3300	Country Zip 33067 6. Name and Address of Current Registered Agent	Coù ,	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
SAXON, KYLE R 169 EAST FLAGLER STREET, SUITE 1700 MIAMI, FL 33131			Address (P.O. Box Number is Not Acceptable)
			728 West Sample Rd.
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 Signature, typed or prinled name of registered agent and title if appeable.			
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 #	P97000039111	STREET ADDRESS	Davis à Gardanada las
NAME STREET ADDRESS	DAVIS & SCARBROUGH, INC. 1351 N.W. 22ND STREET		DOVIGE SCAPOTOM, IT.
CITY-ST-ZIP	POMPANO BEACH, FL 33069	CITY-ST-ZIP	JOINS NW 70 MOON FORK WITHS
DOCUMENT # NAME		STREET ADDRESS	+1 3306
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	500072367765 04/27/0601031016_**500.00
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP		CITY-\$7-ZIP	
DOCUMENT # NAME		STREET ADORESS	5
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 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			

Scott

SIGNING GENERAL PARTNER