

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

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000001143**

1. Entity Name  
**4380 VIREO MORTGAGE HOLDINGS LTD**



Principal Place of Business  
**% WILLIAM SHERRY  
700 S. OCEAN BLVD., SUITE 401  
BOCA RATON, FL 33432**

Mailing Address  
**% WILLIAM SHERRY  
700 S. OCEAN BLVD., SUITE 401  
BOCA RATON, FL 33432**



01132006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0763828**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

000000440699  
03/03/06 00007-001-500.75

**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 # **M97000000290**  
NAME **4380 VIREO MORTGAGE LLC**  
STREET ADDRESS **1700 W 93RD TERR**  
CITY- ST- ZIP **PLANTATION, FL 33322**

DOCUMENT #  
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**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

2/16/06

(914) 793-1793

Date

Daytime Phone #

STAPLE CHECK HERE