2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A97000001189

1. Entity Name 2630 KINGSBRIDGE 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

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



DO NOT WRITE IN THIS SPACE

01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0763825

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

 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 egent and title if applicable		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	Un0000440706 03/03/06-8000 7- 00 3 50 8.75
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 #	M97000000289	
NAME	KINGSBRIDGE MORTGAGE SERVICING LLC	
STRELT ADDRESS	1700 W 93RD TERR	
CITY-ST-ZIP	PLANTATION, FL 33322	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
Name		
Street Address		DO NOT WRITE
CITY-ST-ZIP		IN THE COLOR
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NAME		
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DOCUMENT #		
NAME		
STREET ADDRESS		
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 Perfect of the limited aexternable or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(914) 793-1793

Daytime Phone e