

## **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000001639

**Entity Name:** GRANT REAL ESTATE, LTD.

**FILED**  
**Apr 21, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

C/O WILLIAM T. GRANT  
4950 LEJEUNE ROAD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARTIN L. SCHECKNER CPA PA  
1110 BRICKELL AVE. #510  
MIAMI, FL 33131

**New Mailing Address:**

C/O MARTIN L. SCHECKNER CPA PA  
PO BOX 6658  
MIAMI, FL 33256

**FEI Number:** 65-0774677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, WILLIAM T  
4950 LEJEUNE ROAD  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000064624  
Name: 7245 ASSOCIATES, INC.  
Address: 4950 LEJEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM T. GRANT

D

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date