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

DOOLINGS # 40700004000			THE C		7 FILEU	
DOCUMENT # A9700001890						
1. Entity Name DAKOTA FAMILY GROUP, LTD.					06 HAY - 1 PH 2: 38	
, i					SECRETARY OF STATE	
			200 213		TALLAHASSEE FLORIDA	
Principal Plac	Mailing Address			IACCAIIAGGE F COMO		
7901 SW 6 CT STE 150A 7901 SW 6 CT STE 150A PLANTATION, FL 33324 PLANTATION, FL 33324						
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2 Principal F	Plane of Rusinass	3.			- 1111111111111111111111111111111111111	
	8211 W. Bro	wand Di				
	N. Broward Blvd. 🗀	PH 2	ward Biv	đ. ¯	03272006 Chg-LP CR2E003 (11/05)	
PIO Z				_	4. FEI Number Applied For	
Plantation, FL 33324 Plantation, F			L 33324		65-0786968 Not Applicat	
				_	5. Cortificate of Status Desired \$8.75 Additional	
6. Name and Address of Current Registered Agent			7		7. Name and Address of New Registered Agent	
	V. Hamb and Address of Current	Registered Agent	Name		1. Haile and Address of New Registered Agent	
	R, PETER C		Stroot Ad	Street Address (P.O. Bo 8211 W. Broward Blvd.		
	7901 SW 6 CT STE 150 PLANTATION, FL 33324			Street Address (P.O. Bo 0211 VV. Di 0Wald Bivd.		
FLANTATION, FL 33324			Plantation, FL 33324			
			City			
8. The above	e named entity submits this statement to	or the purpose of changing its rec	gistered office or	reaister	ered agent, or both, in the State of Florida. I am familiar with, and acce	
	tions of registered agent.		•			
SIGNATURE			·			
Signature, typed or printed name of registered agent and title if applicable.  DATE						
Ì		W!!! FEE IS \$500.00 2006, Fee will be \$900.0	10			
		<del></del>		EGIST	STERED AND ACTIVE WITH THIS OFFICE.	
	NOTE: General Partners MA	AY NOT be changed on the	form; an amer		ent must be filed to change a general partner.	
12.	GENERAL PARTNE P97000075453	R INFORMATION	13.	_	DNLY	
NAME	DAKOTA ASSOCIATES, INC.	SSOCIATES, INC.				
STREET ADDRESS			CITY-ST-ZIP		H 2	
CITY-ST-ZIP	PLANTATION, FL 33324		011. 01.211	_PI	lantation, FL 33324	
DOCUMENT # NAME	Ì		STREET ADDRESS			
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CITY-ST-ZIP			CITY-ST-ZIP		400075015684 <del>- 05/22/06 - 01016 - 014 - **500.00</del>	
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NAME SYNCET ADDRESS			SINCEL MUUNESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
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NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	
DOCUMENT #						
NAME			STREET ADDRESS			
STREET ADDRESS			CITY-ST-ZIP			
CITY-ST-ZIP		All after filling plans are a set of			Observed 440 Florida Contrata 17 discussion 17 discussion 17	
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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.						
or the re	Ceiver or Busiee empowered to execute	This report as required by Chap	iter 620, FI0/108 51	idiules		
SIGNA	TURE:	L'Marelles	ıl₽-		4-27-06 454727-93	
5.5.47	SIGNATURE AND TYPED C	R PRINTED NAME OF SIGNING GENERAL	PARTNER		Date Daytime Phone #	