


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002327		
1. Entity Name GOLFER PROPERTIES, LTD.		

Principal Place of Business 2514 HOLLYWOOD BLVD. SUITE #508 HOLLYWOOD, FL 33020	Mailing Address 2514 HOLLYWOOD BLVD. SUITE #508 HOLLYWOOD, FL 33020
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02102006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0791502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLLAND, FRANK 2514 HOLLYWOOD BLVD. SUITE #508 HOLLYWOOD, FL 33020		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____	DATE 05/08/06-80055-021 500.00
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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 #	P97000092392	STREET ADDRESS	
NAME	GOLFER PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2514 HOLLYWOOD BLVD., STE. 508		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____	DATE _____	Daytime Phone # _____
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STAPLE CHECK HERE