

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002384

1. Entity Name
LANTANA SQUARE SHOPPING CENTER, LTD.



Principal Place of Business
**1645 S.E. 3RD COURT
SUITE 200
DEERFIELD BEACH, FL 33441**

Mailing Address
**1645 S.E. 3RD COURT
SUITE 200
DEERFIELD BEACH, FL 33441**



03062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0791703	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**G.P. LANTANA SQUARE SHOPPING CENTER, INC.
C/O SOUTHEAST PROPERTY ASSOCIATES
1645 S.E. 3RD COURT, STE 200
DEERFIELD BEACH, FL 33441**

**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.

DATE

05/09/06-80071-008 500.00

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 #	
NAME	G.P. LANTANA SQUARE SHOPPING CENTER, INC.
STREET ADDRESS	1645 S.E. 3RD COURT STE 200
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441

DOCUMENT #	
NAME	
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CITY - ST - ZIP	

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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

Date

Daytime Phone #

AZ-06 954-420-1001

STAPLE CHECK HERE