

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

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002534**

1. Entity Name  
**CLUB 1800, LIMITED**



Principal Place of Business  
**5401 COLLINS AVENUE, SUITE #1002**  
**MIAMI BEACH, FL 33140**

Mailing Address  
**C/O NELSON LOPEZ**  
**P.O. BOX 11-0267**  
**MIAMI, FL 33011**



02282006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3341910**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**LOPEZ, NELSON**  
**5401 COLLINS AVENUE, SUITE #1002**  
**MIAMI BEACH, FL 33140**

**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)*  
Name, typed or printed name of registered agent and title if applicable.

*3/2/06*  
DATE

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**LOPEZ, NELSON**  
**5401 COLLINS AVENUE, SUITE #1002**  
**MIAMI BEACH, FL 33140**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MORALES, LISETTE**  
**5401 COLLINS AVENUE, SUITE #1002**  
**MIAMI BEACH, FL 33140**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE**  
**IN THIS SPACE**

11181000455275  
03/15/06-80049-003 508.75

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 #

*2/28/06 (305) 868-4472*

STAPLE CHECK HERE