2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A97000002746

Entity Name
 BALINT DRIVE MORTGAGE LTD.



FILED Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

% WILLIAM SHERRY 700 S. OCEAN BLVD., SUITE 401 BOCA RATON, FL 33432 Mailing Address

% WILLIAM SHERRY 700 S. OCEAN BLVD., SUITE 401 BOCA RATON, FL 33432



01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0808813 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION', FL 33324

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		IN THIS SPACE	
5. The above the obligat	ions of registered agent.	pistered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept URODO0440711 03/03/06-80007-808 508.75	-
	Signature, typed or printed name of registered agent and title if applicable.	DATE	_
<u></u>	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	0	
12.	A GENERAL PARTNER THAT IS A BUSINESS ENTO NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.	
DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP OOCUMENT / NAME STREET ADDRESS DITY-SI-ZIP OOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP	SHERRY, WILLIAM 1700 N.W. 93RD TERRACE PLANTATION, FL 33322	DO NOT WRITE	
OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
DOCUMENT # NAME			1

14. I hereby certify that the information supplied with this filling 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 statute of the limited pertnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CATY-ST-ZIP

STAPLE CHECK HERE

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING GENERAL PARTHER

(914) 793-1793

Daytime Phone #