


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

**FILED
Jul 21, 2006 08:00 AM
Secretary of State**

DOCUMENT # A98000000052 1. Entity Name RONRUSS PARTNERS, LTD.	
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Principal Place of Business 2930 BISCAYNE BLVD MIAMI, FL 33137	Mailing Address 2930 BISCAYNE BLVD MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



07142006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0814861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALBUT, ABRAHAM
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139-5012

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	P97000107290 RONRUSS CORPORATION C/O CRESENT HGHTS. 555 NE 15TH ST., 2ND FL MIAMI, FL 33132
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07/21/06-80009-005 500.00

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 # _____

STAPLE CHECK HERE