


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000000285 1. Entity Name 226 OCEAN DRIVE, LTD.	
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Principal Place of Business 1320 SOUTH DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146	Mailing Address 1320 SOUTH DIXIE HIGHWAY, SUITE 781 CORAL GABLES, FL 33146
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05 MAY -1 PM 9:42
 STATE OF FLORIDA
 TALLAHASSEE FLORIDA



2. Principal Place of Business 7301 SW 57th Court Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip Country 33143 Miami Dade 33143 Miami Dade	3. Mailing Address 7301 SW 57th Court Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip Country 33143 Miami Dade 33143 Miami Dade
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04252006 Chg-LP CR2E003 (11/05)

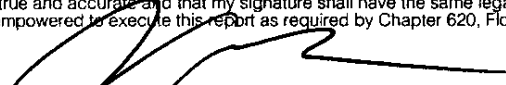
6. Name and Address of Current Registered Agent BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD., 265-S AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named 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.	4/26/06 DATE
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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 # P98000007169 NAME 226 OCEAN DRIVE G.P., INC. STREET ADDRESS 7301 SW 57 COURT CITY-ST-ZIP SOUTH MIAMI, FL 33143	STREET ADDRESS CITY-ST-ZIP
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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 #

STAPLE CHECK HERE