

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A98000000840

1. Entity Name
ALAMEDA, LTD.



Principal Place of Business
1314 E LAS OLAS BLVD.
SUITE 285
FT LAUDERDALE, FL 33301

Mailing Address
1314 E LAS OLAS BLVD.
SUITE 285
FT LAUDERDALE, FL 33301

2. Principal Place of Business

3. Mailing Address

806 Douglas Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 580

City & State

City & State

Coral Gables FL

Zip

Country

Zip

Country

33134

US

06122006

Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0833456

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARBATI, MARIA CLARA
1314 LAS OLAS BLVD.
SUITE 285
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name **Registered Agent Corporate Services Inc**

Street Address (P.O. Box Number is Not Acceptable)

806 Douglas Road Suite 580

City **Coral Gables**

FL

Zip Code
33134

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.

8/15/06

DATE

FILE NOW!!! FEE IS \$900.00

On or after September 6, 2006, Fee will be \$1000.00

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 # **P94000090940**
 NAME **MISTY/INWOOD CORP.**
 STREET ADDRESS **1314 E LAS OLAS BLVD. #285**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

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:

Maria Clara Garbaty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

06/20/06 954 6533123
 Date Daytime Phone #

APPROVED
 AND
 FILED

06 AUG -18 PM 1:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE