2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006			Apr 14, 2006 08:00 Secretary of State	
DOCUMENT # A9800000978			Secre	etary of State
1. Entity Name 777 CONGRESS AVENUE PAI PARTNERSHIP				
Principal Place of Business Mailing Address 777 SOUTH CONGRESS AVENUE % ABC CARPET & HOME DELRAY BEACH, FL 33445 888 BROADWAY NEW YORK, NY 10003				
	The state of the s			
DO NOT WO	ITE IN THE CO.	A C E	03272006 No Chg-LP	CR2E003 (11/05)
DO NOT WRITE IN THIS SPACE		4CE	4. FEI Number 52-2095363	Applied For Not Applicable
	a sa ua sa su uagaman a son aga	A SACRES AND AND AND A SACRE AND AND A SACRE AND AND A SACRE AND A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of	Current Registered Agent			
WEINRIB, JEROME 777 SOUTH CONGRESS AVENUE DELRAY BEACH, FL 33445			DO NOT WR IN THIS SPA	-
The above named entity submits this state the obligations of registered agent. SIGNATURE		stered office or register	ed agent, or both, in the Stare of Florida.	. I am familiar with, and accept
				DATE
After Ma	E NOW!!! FEE IS \$500.00 by 1, 2006, Fee will be \$900.00			
A GENERAL PART NOTE: General Partn	NER THAT IS A BUSINESS ENTITY ers MAY NOT be changed on the fo	/ MUST BE REGIST orm; an amendmen	TERED AND ACTIVE WITH THIS O t must be filed to change a gener	OFFICE, ral partner.
DOCUMENT# M9800000377 NAME WEINRIB/COLE REAL ES	ARTNER INFORMATION			
STREET ADDRESS 888 BROADWAY CITY-ST-ZIP NEW YORK, NY 10003 DOCUMENT #			000000508 04/28/06-800	3968 325-016 500.00
NAME STREET ADDRESS CATY- 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:

STAPLE CHECK HERE

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-06

Date

Daytime Phone #