### 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

# **FILED** May 01, 2006 08:00 AN Secretary of State

DOCUMENT #A98000001080 1. Entity Name 053, LTD.		
Principal Place of Business	Mailing Address	
1350 EAST NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL. 33442	P.O. BOX 4219 DEERFIELD BEACH, FL 33442-42	19

DEERFIELD BEACH, FL 33442-4219



## DO NOT WRITE IN THIS SPACE

04212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 06-1514268

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

KAY, JAMES R ESQ. KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING., STE 102B PALM BEACH GARDENS, FL 33410

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	Signature, typod or printed name of registered agent and title if applicable	DATÉ
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.	
	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT#	P98000038492	
NAME	053, INC.	
STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, STE. 206	
CHY-SI-ZIP	DEERFIELD BEACH, FL 33442	
DOCUMENT #		Hinnnncczan
NAME		U00000557422 05/17/06-80050-008 508.75
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14. I hereby certify that the information supplied with this filling/foes 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:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Linda G. Kassof

04/27/2006

(954) 428-4585

Date

Daytime Phone #