2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A98000001257

LARA DESIGN ROW, LTD.

FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 Mailing Address
2900 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065



DO NOT WRITE IN THIS SPACE

02272006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0856008 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRA REALTY, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065

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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.	

SIGNATURE

Signature, typed or printed name of registored agent and title if applicable

DATE

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
DOCUMENT#	636619
NAME	INTRA REALTY, INC.
STREET ADDRESS	2900 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT#	-
NAME	
STREET ADDRESS	
CHY-ST-ZIP	
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14. I hereby certify that the information supplied with this tit of 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 path; that I am a General Panner of the limited partnership or the receiver or trustee empowered to execute this porties required by Chapter 620, Florida Statutes

Intra Realty, Inc.

George Rahael, President

4/15/06

954-753-9500

SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK H

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

STREET ADDRESS CHY+ST-ZIP

SIGNATURE: