


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**

**Apr 05, 2006 08:00 AM  
Secretary of State**

DOCUMENT # A98000001490					
1. Entity Name DANIA FARMS LTD.					
Principal Place of Business 700 CORAL WAY FORT LAUDERDALE FL 33301			Mailing Address 700 CORAL WAY FORT LAUDERDALE FL 33301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0890860				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAW, JR, CLAY E 700 CORAL WAY FT. LAUDERDALE FL 33301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
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 #	NAME		STREET ADDRESS		
NAME	SHAW, E. CLAY		CITY-ST-ZIP		
STREET ADDRESS	700 CORAL WAY				
CITY-ST-ZIP	FORT LAUDERDALE FL 33301				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SHAW, JOHN L		CITY-ST-ZIP		
STREET ADDRESS	15670 BELLANCA LANE				
CITY-ST-ZIP	WEST PALM BEACH FL 33414				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					



1st MOORE CR2E003 (10/05)

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/06 (954) 523-7300  
Date Daytime Phone #

STAPLE CHECK HERE