## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Apr 27, 2006 08:00-Al Secretary of State Due By May 1, 2006 DOCUMENT # A98000001751

1. Entity Name DADELAND CENTRE, LTD.				3	ectetary of Sta	
Principal Place of Business Mailing Address 9155 S. DADELAND BLVD., SUITE 1812 9155 S. DADELAND BLVD., SUITE MIAMI, FL 33156 MIAMI, FL 33156			IITE 1812			
DO NOT WOITE IN THE SPACE				04142006 No Chg-LP	CR2E003 (11/05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 65-0852964	Applied For Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		<u></u>		
GREEN, ELIZABETH A ESQ				DO NOT W	RITE	
9155 SOUTH DADELAND BLVD. SUITE 1812				IN THIS SP		
MIAMI, FL	33156			IN THIS ST	AGE	
	named entity submits this statement lons of registered agent.	for the purpose of changing its registe	red office or registe	red agent, or both, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE -			··			
Signature, typed or printed name of registered agent and title if applicable				1 11000	DI ISBRAR	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00				05/09/0	6-80079-008 500.00	
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENTITY I	MUST BE REGIS n; an amendmer	TERED AND ACTIVE WITH TH nt must be filed to change a ge	IS OFFICE. eneral pariner.	
12.	GENERAL PARTN	IER INFORMATION				
BOCUMENT #	P98000063803	:				
NAME STREET ADDRESS	DADELAND CENTRE, INC. 9155 S. DADELAND BLVD., SI	UTF 1812				
CITY ST ZIP	MIAMI, FL 33156	5172 1072				
DOCUMENT #						
NAME						
STREET ADDRESS CITY ST ZIP						
DOCUMENT #						
NAME				DO NOT W		
STREET ADDRESS				DO NOT WRITE		
CITY - ST-ZIP				IN THIS SPA	<b>ACE</b>	
DOCUMENT #		•		nt imo of	-VL	
STREET ADDRESS						
CITY - ST - ZIP						
UOCUMENT#						

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: 8

STAPLE CHECK HERE

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

Elizableth A. Green, Vice President

(305)670-1000