
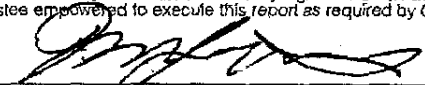


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000001763					
1. Entity Name BANYAN TREE ESTATES, LTD.					
Principal Place of Business 186 SPYGLASS LANE JUPITER, FL 33477			Mailing Address C/O MAHONEY COHEN 1200 BRICKELL AVE., #700 MIAMI, FL 33131		
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 65-0878750	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRIEDLAND, JACK 186 SPYGLASS LANE JUPITER, FL 33477				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>					
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 #	P88000065116				
NAME	SHALMAR, INC.				
STREET ADDRESS	186 SPYGLASS LANE				
CITY-ST-ZIP	JUPITER, FL 33477				
DOCUMENT #					
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DOCUMENT #					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDRESS CHANGES ONLY					
STREET ADDRESS					
CITY-ST-ZIP					
STREET ADDRESS					
CITY-ST-ZIP					
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STREET ADDRESS					
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:  02/04/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



01162006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0878750

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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CITY-ST-ZIP	JUPITER, FL 33477
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03/21/06-50005-030-500.00

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #