


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

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002334		
1. Entity Name MATTHEWS REAL ESTATE PARTNERS, LTD.		

Principal Place of Business 10155 COLLINS AVE., NO. 1701 MIAMI BEACH FL 33154	Mailing Address 10155 COLLINS AVE., NO. 1701 MIAMI BEACH FL 33154
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0864547	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HELLER, DAN P ESQ RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSELL 701 BRICKELL AVENUE, SUITE 1900 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	MATTHEWS, MARK TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	10155 COLLINS AVENUE, NO. 1701		
CITY-ST-ZIP	MIAMI BEACH FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STAPLE CHECK HERE

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: Margot Matthews

3/6/06