


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

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

<b>DOCUMENT # A98000002334</b>				
1. Entity Name <b>MATTHEWS REAL ESTATE PARTNERS, LTD.</b>				
Principal Place of Business <b>10155 COLLINS AVE., NO. 1701 MIAMI BEACH FL 33154</b>		Mailing Address <b>10155 COLLINS AVE., NO. 1701 MIAMI BEACH FL 33154</b>		
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 <b>65-0864547</b>
6. Name and Address of Current Registered Agent <b>HELLER, DAN P ESQ RUDEN MCCLOSKEY SMITH SCHUSTER &amp; RUSSELL 701 BRICKELL AVENUE, SUITE 1900 MIAMI FL 33131</b>				7. Name and Address of New Registered Agent
				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>				



1st MOORE CR2E003 (10/05)  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

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04/26/06 80134 003 500.00

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: *Mark Matthews* 3/6/06