


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

<b>DOCUMENT # A98000002431</b>			
1. Entity Name <b>LAURAMAR I LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>218 WHITEHEAD STREET #7 KEY WEST FL 33040</b>		Mailing Address <b>218 WHITEHEAD STREET KEY WEST FL 33040</b>	
2. Principal Place of Business <b>218 Whitehead St</b> Suite, Apt. #, etc.		3. Mailing Address <b>1425 White St</b> Suite, Apt. #, etc.	
City & State <b>Key West</b>		City & State <b>Key West, FL</b>	
Zip <b>33040</b>	Country <b>Monroe</b>	Zip <b>33040</b>	Country <b>Monroe</b>

**FILED**

**06 MAY -1 AM 8:49**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

4. FEI Number <b>65-0143665</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BEGENS, JEFFREY ESQ. 9580 WEATHERUANE MANOR PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>Change of Address</b> <b>3315 Broadway Ave.</b> City <b>West Palm Beach FL</b> Zip Code <b>33407</b>	

B. 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

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

DATE

**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	<b>1425 White St.</b>
NAME	<b>MARKUS, DONALD P</b>	CITY-ST-ZIP	<b>Key West, FL 33040</b>
STREET ADDRESS	<b>218 WHITEHEAD STREET</b>		
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	STREET ADDRESS	<b>1425 White St.</b>
		CITY-ST-ZIP	<b>Key West, FL 33040</b>
DOCUMENT #			
NAME	<b>MARKUS, LAURA</b>		
STREET ADDRESS	<b>218 WHITEHEAD STREET</b>		
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**800075014248**

**05/22/06--01011--024 \*\*500.00**

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]*

**Laura Markus**

**5-1-06**

**305-293-8769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE