

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002436



1. Entity Name
TAMEAST TEQUESTA, LTD.

Principal Place of Business
722 N US HWY 1
TEQUESTA, FL 33469

Mailing Address
1340 BRUCKNER BLVD., 2ND FLOOR
BRONX, NY 10459



2. Principal Place of Business
 Suite, Apt. #, etc

3. Mailing Address
 Suite, Apt. #, etc.

01052006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
58-2476955

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HCRM CORP.
2200 CORPORATE BLVD., N.W., SUITE 401
BOCA RATON, FL 33431

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

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

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 # **P98000088635**
 NAME **TAMEAST, INC.**
 STREET ADDRESS **1340 BRUCKNER BLVD.**
 CITY-ST-ZIP **BRONX, NY 10459**

STREET ADDRESS

100000484442

CITY-ST-ZIP

04/12/06-30041-817-500.00

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Albert Panuccio, Jr

3/24/06

Date

718.893.9090

Daytime Phone #