3006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A98000002728

12.

FOUR STAR REALTY OF BROWARD COUNTY, LTD.



Mailing Address

3121 N.E. 48TH STREET LIGHTHOUSE POINT, FL 33064

Principal Place of Business

3121 N.E. 48TH STREET LIGHTHOUSE POINT, FL 33064

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



DO NOT WRITE IN THIS SPACE

02072006 No Cha-LP

CR2E003 (11/05)

4. FEI Number 65-0880203 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

PAGLIARO, BRENDA F 3121 N.E. 48TH STREET LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or re	registered agent, or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.	}	
OLONIATION.		

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. GENERAL PARTNER INFORMATION

OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000095670 FOUR STAR REALTY MANAGEMENT, INC. 3121 N.E. 48TH STREET LIGHTHOUSE POINT, FL 33064
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
OGCUMENT F NAME STREET ADDRESS GITY-ST-ZIP	
DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP	
OCCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCTOMENT #	

U000000500723 04/25/06-80034-008 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 it made under path; 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:

NAME STREET ADDRESS CITY-ST-20P

TURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Waden E. Emery

4/5/06

(954) 941-4684