

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 11:14

DOCUMENT # A98000002775 1. Entity Name FIRTH PROPERTIES, LTD.					
Principal Place of Business 1201 SOUTH OCEAN BOULEVARD, SUITE #4 POMPANO BEACH, FL 33062				Mailing Address PO BOX 11006 FT. LAUDERDALE, FL 33339	
2. Principal Place of Business 250-A Commercial Boulevard		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lauderdale-by-the-Sea, FL		City & State		4. FEI Number 65-6287352	
Zip 33308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIRTH, MALCOLM 1201 SOUTH OCEAN BOULEVARD, SUITE #4 POMPANO BEACH, FL 33062				7. Name and Address of New Registered Agent Name Louise Firth Street Address (P.O. Box Number is Not Acceptable) 250-A Commercial Boulevard City Lauderdale-by-the-Sea, FL Zip Code 33308	
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: <small>Signature, typed or printed name of registered agent and date if applicable.</small>				Louise Firth DATE: 3-22-06	
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 #	414612		STREET ADDRESS	250-A Commercial Boulevard	
NAME	SOUTH FLORIDA DEVELOPMENT CORP.		CITY-ST-ZIP	Lauderdale-by-the-Sea, FL 33308	
STREET ADDRESS:	1201 SOUTH OCEAN BOULEVARD, SUITE #4				
CITY-ST-ZIP	POMPANO BEACH, FL 33062				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS:					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS:					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS:					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS:					
CITY-ST-ZIP					
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Louise Firth, Vice President DATE: 3-22-06 Daytime Phone #: 954-491-6670	

STAPLE CHECK HERE