
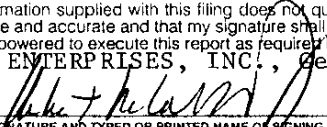


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A99000000092					
1. Entity Name XOF ENTERPRISES LIMITED PARTNERSHIP					
Principal Place of Business 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411			Mailing Address 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411		
2. Principal Place of Business 121 Turnberry Drive Suite, Apt. #, etc.		3. Mailing Address 121 Turnberry Drive Suite, Apt. #, etc.			
City & State Atlantis, Florida		City & State Atlantis, Florida		4. FEI Number 65-0886522	
Zip 33462		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, ALICE 1370 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name MORRIS ENGELBERG Street Address (P.O. Box Number is Not Acceptable) c/o M. Engelberg & L. Milgrim, P.A. 4040 Sheridan Street City Hollywood		
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.			03/27/2006 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 #	FOX, ALICE		STREET ADDRESS	200075025272	
NAME	1370 BREAKERS WEST BOULEVARD		CITY-ST-ZIP	05/22/06 01033 017 **500.00	
STREET ADDRESS	WEST PALM BEACH, FL 33411		STREET ADDRESS	121 Turnberry Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Atlantis, Florida 33462	
DOCUMENT #	P98000108009		STREET ADDRESS		
NAME	XOF ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	1370 BREAKERS WEST BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33411		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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					
XOF ENTERPRISES, INC., General Partner					
SIGNATURE: By: 			Robert Collins, Pres.		
03/27/2006			561-472-2888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE