

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -8 AM 10:44

DOCUMENT # A99000000453 1. Entity Name CRAFTSMAN MALL LIMITED PARTNERSHIP					
Principal Place of Business 2310 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020			Mailing Address 2310 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01102006 Chg-LP CR2E003 (11/05)	
Zip		Country		4. FEI Number 65-0912019	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKLAR, NEAL ESQ PECKAR & ABRAMSON ONE SE 3RD AVE., STE 3050 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000025960 CRAFTSMAN MALL, INC. 144 NE 3RD AVE., 7TH FLOOR MIAMI, FL 33132		STREET ADDRESS CITY-ST-ZIP	2310 Hollywood Blvd. Hollywood, FL 33020	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	800065853298 02/14/06--01056--009 **500.00	
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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 ENDING GENERAL PARTNER</small>			1-24-2006 950-925-8292 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE