


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

DOCUMENT # A99000000527		
1. Entity Name FAITH GROUP, LTD.		

Principal Place of Business BEACON 97TH AVE PARK 2000 NW 97TH AVE DORAL FL 33172	Mailing Address P.O. BOX 228150 MIAMI FL 33122
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED** 7 630  
**06 MAY -1 AM 8:49**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number 65-0912338		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FAITH, ROBERTO 6701 NW 7 STREET, SUITE #190 MIAMI FL 33126		7. Name and Address of New Registered Agent Name ROBERTO FAITH Street Address (P.O. Box Number is Not Acceptable) 2000 NW 97TH AVENUE City MIAMI FL Zip Code 33172

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	L99000001819	STREET ADDRESS	
NAME	FAITH AT 97TH AVENUE, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	2000 NW 97TH AVENUE		
CITY-ST-ZIP	DORAL FL 33172		
DOCUMENT #		STREET ADDRESS	400075013944
NAME		CITY-ST-ZIP	05/22/06--01011--005 **500.00
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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:  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**APR 28 2006**

(786) 464-4300

Date Daytime Phone #

STAPLE CHECK HERE