


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:24

DOCUMENT # A99000000785
1. Entity Name
SORKIN GROUP, LTD.

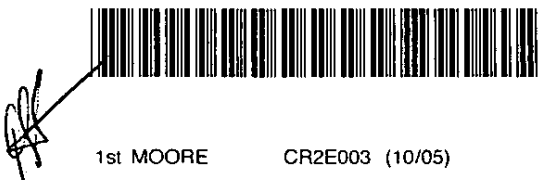


Principal Place of Business: 4721 UNIVERSITY DRIVE, CORAL GABLES FL 33146
Mailing Address: C/O R&S MGMT, 5821 REDDMAN RD., CHARLOTTE NC 28212

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: *40 R&S MGMT, 1981 J.N. PEASE PL., Suite 101*

City & State: *Charlotte, NC*

Zip: *28262-4529* Country: *USA*



4. FEI Number: **65-0925474**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SORKIN, LAWRENCE
4721 UNIVERSITY DRIVE
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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	
DOCUMENT #	P99000044263
NAME	NIKROS, INC.
STREET ADDRESS	4721 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL GABLES FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	500074081105
	05/05/06--01049--003 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: *Lawrence Sorkin* **LAWRENCE SORKIN** 4-6-06 704-548-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #