



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

<b>DOCUMENT # A99000000797</b> 1. Entity Name LANDERS AND ASSOCIATES PARTNERSHIP, LTD.					
Principal Place of Business 7195 NW 30 STREET MIAMI, FL 33122			Mailing Address 7195 NW 30 STREET MIAMI, FL 33122		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03142006    Chg-LP    CR2E003 (11/05)	
Zip		Country		4. FEI Number 65-0922240	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  LANDERS, BARNETT 7195 NW 30 STREET MIAMI, FL 33122				7. Name and Address of New Registered Agent Name <u>FRANCES LANDERS</u> Street Address (P.O. Box Number is Not Acceptable) <u>7195 N.W. 30 STREET</u> City <u>MIAMI</u> FL    Zip Code <u>33122</u>	
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: <u>Frances Landers</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000030435 LANDERS GENERAL PARTNER, INC. 7195 NW 30 STREET MIAMI, FL 33122		STREET ADDRESS  CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS  CITY-ST-ZIP	300072374123 04/27/06-01034-010 **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: <u>Frances Landers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date <u>305-593-2946</u> <small>Daytime Phone #</small>					

STAPLE CHECK HERE