

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A99000001822

1. Entity Name
CENTENNIAL PARTNERS, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 18 AM 10:31

Principal Place of Business
 1730 E COMMERCIAL BLVD.
 FT. LAUDERDALE, FL 33334

Mailing Address
 1730 E COMMERCIAL BLVD.
 FT. LAUDERDALE, FL 33334

2. Principal Place of Business

3. Mailing Address
 2101 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 Suite 2800

07132006 Chg-LP CR2E003 (11/05)

City & State

City & State
 Fort Lauderdale, FL

4. FEI Number
 65-0960428

Applied For
 Not Applicable

Zip

Country

Zip
 33309

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORMAN, ROBERT S ESQ.
 2101 WEST COMMERCIAL BLVD.
 SUITE 2800
 FORT LAUDERDALE, FL 33309

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # P99000096877
 NAME CENTENNIAL ATLANTA, INC.
 STREET ADDRESS 6278 N. FEDERAL HIGHWAY, #302
 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

STREET ADDRESS 2101 West Commercial Blvd., Suite 2800
 CITY-ST-ZIP Fort Lauderdale, FL 33309

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STREET ADDRESS
 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 Statute

SIGNATURE: *Kenneth L. Shinn*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date Daytime Phone #