



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

DOCUMENT # B01000000254 1. Entity Name TRADE MART ASSOCIATES, LTD.						06 MAY -1 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1000 BRICKELL AVENUE, SUITE 910 MIAMI FL 33131				Mailing Address 1000 BRICKELL AVENUE, SUITE 910 MIAMI FL 33131			
2. Principal Place of Business 800 BRICKELL AVE. Suite, Apt. #, etc. 1111		3. Mailing Address 800 BRICKELL AVE. Suite, Apt. #, etc. 1111		1st MOORE CR2E003 (10/05)			
City & State MIAMI, FL Zip 33131		City & State MIAMI, FL Zip 33131		4. FEI Number 13-3087007		Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHOTTENSTEIN, JEFF 800 BRICKELL AVENUE, SUITE 1111 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 # F01000003866 NAME TRADE MART, INC. STREET ADDRESS 1000 BRICKELL AVENUE, SUITE 910 CITY-ST-ZIP MIAMI FL 33131				STREET ADDRESS 800 BRICKELL AVE., SUITE 1111 CITY-ST-ZIP MIAMI, FL 33131			
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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 SIGNING GENERAL PARTNER</small>				Date 4/1/06 Daytime Phone # 3053712824			

STAPLE CHECK HERE