

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B02000000027	
1. Entity Name MASTERS RESEARCH PARTNERS, L.P.	



Principal Place of Business 2875 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	Mailing Address 2875 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04202006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent RUBIN, GARY 2080 N.W. BOCA RATON BLVD., SUITE 6 BOCA RATON, FL 33431	
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4. FEI Number 65-1041668	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name DAVID FRIEDLAND	
Street Address (P.O. Box Number is Not Acceptable) 2875 NE 191ST ST A 900	
City AVENTURA	FL Zip Code 33180

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 DAVID FRIEDLAND DATE 4/25/06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	M02000000247 MASTERS RESEARCH PARTNERS LLC 2875 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	400075019724
		CITY-ST-ZIP	05/22/06-01021-022 **\$500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 Statutes

SIGNATURE: DAVID FRIEDLAND DATE 4/25/06 305 935 7544

STAPLE CHECK HERE