


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

196

DOCUMENT # B05000000442	
1. Entity Name RESIDENCES ACQUISITION L.P.	

Principal Place of Business 3500 SOUTH DUPONT HIGHWAY DOVER DE 19901	Mailing Address 3211 PONCE DE LEON BLVD., SUITE 202 C/O NEWPORT PROPERTY VENTURES, LTD. CORAL GABLES FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 10:44



1st MOORE CR2E003 (10/05)

PS

6. Name and Address of Current Registered Agent SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L05000054123 RESIDENCES WEST BEACH, LLC 3211 PONCE DE LEON BLVD., STE 202 CORAL GABLES FL 33134	STREET ADDRESS CITY-ST-ZIP	100066803901 02/28/06--01022--006 **500.00
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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: *Constantine Scurtis* 01/25/06 (305)446-0010