## 2006 LIMITED PARTIZERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Apr 12, 2006 08:00 AM Socretory of State

( any a state )	1. Entity Nan	MENT #B990000 Rina at Marina Bay, I					Secre	iary of State
PEMBROKE PINES, FL 33028  3. Mining Address  Surte, Apt. P., vill.  Surte, Address of Surte Dealton   Sarty Applied of Surte Deal	Principal Place of Business Mailing Address				<del></del>	} .		
Surte, Apt. 8, etc.  City & State  City & State  City & State  A, FEX Number & Sponsor &						מנטו נקוומוו ו	וונעע מוענ פֿונאי	יוויו פענעע וושע וושע אווי אווי אווי אווי אווי אווי אווי אוו
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certification of Status Desired  \$3.75 Additional Fee Required Fee Required Fee Required Fee Required  Street Address (P.C.) Box Number is Not Acceptable)  City  FL  Zip Code  City  Street Address (P.C.) Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  Signature  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  Signature  FILE NOWILI FEE IS \$500.00  A CENTERAL PARTIES THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Parties MAY NOT be changed on the form; an amendment must be filed to change a general parties.  12. GENERAL PARTIES THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Parties MAY NOT be changed on the form; an amendment must be filed to change a general parties.  12. GENERAL PARTIES THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  13. ACCEPTAL PARTIES THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  14. ACCEPTAL PARTIES THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  15. CENTRAL ACCESS OFFI ACCEPTANCES OF	Principal Place of Business     3. Mailing Add.			<del></del>				
Signature   Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032006	Chg-LP	CR2E003 (11/05)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent. The state of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida. I am familiar with,	City & State						Applied For Not Applicab	
LUPIEN, SUSAN 3272 RIDGE TRACE DAVIE, FL 33328  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am lamitar with, and acceptable)  SIGNATURE  SIGNATURE  FILE NOWIL FEE IS \$500.00  ACCEPTAL 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. OCCUMENT / NAME  SIREM ADDRESS OF ANARCES OF ANA	Zip			Coun	itry			Fee Required
Street Address (P.C. Bax Number is Not Acceptable)		6. Name and Address of Cur	rent Registered Agent		Name	7. Name and	Address of New R	legistered Agent
S. 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 lamiliar with, and act the obligations of registered agent.  SIGNATURE    Signature, speed or provide deemed registered agent and this if applicable.   DATE	3272 RIDGE TRACE							
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. 1 am familiar with, and accepted the colligations of registered agent.  SIGNATURE    Command					City			Zip Code
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 / MAY  MARINA AT MARINA BAY INC  SIREEI ADDRESS  CITY-ST-2IP  DOCUMENT / PEMBROKE PINES, FL  CITY-ST-2IP  COULINESS  SIREEI ADDRESS  CITY-ST-2IP  COULINESS  CITY-ST-2IP  CITY-ST	SIGNATURE	Signature, typed or printed name of registered						DATE
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME STREET ADDRESS GITY-ST-ZIP		After May A GENERAL PARTN	1, 2006, Fee will be \$ ER THAT IS A BUSINESS	900.00 ENTITY M	UST BE REGIST	TERED AND A	CTIVE WITH TH	IS OFFICE.
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14. I hereby certify that the information supplied with this filling 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 eath, 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:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Dail

Onlytime Phone #