2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F94000002917

1. Entity Name

CANPARTNERS REALTY INC.



FILED Feb 03, 2006 08:00 AM Secretary of State

Principal Place of Business

9665 WILSHIRE BLVD.

SUITE 200

BEVERLY HILLS, CA 90212

Mailing Address

9665 WILSHIRE BLVD.

SUITE 200

BEVERLY HILLS, CA 90212



DO NOT WRITE IN THIS SPACE

01112008

CR2E034 (11/05) No Chg-P

4. FEI Number 95-4484332

Applied For Not Applicabl

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

WARD, DOUGLAS 1301 GULF LIFE DR. **SUITE 1500** JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

			1		
	named entity submits this statement for the pricions of registered agent.	surpose of changing its registe	red office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and account
SIGNATURE.	Signature, typed or printed name of registered agent and little	Tappficable. (NOTE: Register	ed Agent signatur	e required when reinstaling)	DATE
FILE NOWIII FEE IS \$150.00 9. Election Campa After May 1, 2006 Fee will be \$550.00 Trust Fund Cor			incing _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-21P	P EVENSEN, R. CHRISTIAN B 9665 WILSHIRE BLVD. BEVERLY HILLS, CA 90212				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEDMAN, JOSHUA S 9665 WILSHIRE BLVD. BEVERLY HILLS, CA 90212				U00000418875 02/14/06-80024-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JULIS, MITCHELL R 9665 WILSHIRE BLVD, BEVERLY HILLS, CA 90212			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITE	1		1		

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP

SIGNATURE AND TYPED OR PRIN

310-247-271