


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

**DOCUMENT # A98000001692**

1. Entity Name  
 1401 ASSOCIATES, LTD.



Principal Place of Business  
 1401 UNIVERSITY DRIVE, SUITE 200  
 CORAL SPRINGS, FL 33071

Mailing Address  
 1401 UNIVERSITY DRIVE, SUITE 200  
 CORAL SPRINGS, FL 33071

2. Principal Place of Business  
 1600 Sawgrass Corp Pkwy  
 Suite, Apt. #, etc.  
 Suite 300

3. Mailing Address  
 1600 Sawgrass Corp Pkwy  
 Suite, Apt. #, etc.  
 Suite 300

City & State  
 Sunrise, FL

City & State  
 Sunrise, FL

Zip  
 33323

Country  
 USA

Zip  
 33323

Country  
 USA

06103 MAY FL PH20:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04032006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 59-2374481

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1401 CORPORATION  
 1401 UNIVERSITY DRIVE, SUITE 200  
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 1600 Sawgrass Corporate Parkway, #300

City  
 Sunrise

FL Zip Code  
 33323

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 *Paul Corban* DATE 4/27/06

Signature, typed or printed name of registered agent and title if applicable. DATE

**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 #	P99000100123	STREET ADDRESS	1600 Sawgrass Corp Pkwy #300
NAME	1401 CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100074763011
NAME		CITY-ST-ZIP	05/17/06--01034--010 **500.00
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Paul Corban* Paul Corban, Vice President 4/27/06 954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #