

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:44

DOCUMENT # A00000001863 1. Entity Name NORTH AMERICAN DEVELOPMENT GROUP, LLLP					
Principal Place of Business ONE CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401			Mailing Address ONE CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02162006 Chg-LP CR2E003 (11/05)	
4. FEI Number 65-1059621				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WIENER, DAVID J ESQUIRE ONE CLEMATIS ST., STE. 305 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: John W.S. Preston Street Address (P.O. Box Number is Not Acceptable): One N. Clematis Street Suite 305 City: West Palm Beach FL 33401		
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: 2-21-06	
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 #	P00000105955		STREET ADDRESS		
NAME	NORTH AMERICAN DEVELOPMENT GROUP, INC.		CITY-ST-ZIP		
STREET ADDRESS	ONE CLEMATIS ST., STE. 305				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #			STREET ADDRESS	800069941258	
NAME			CITY-ST-ZIP	04/10/06 01044 010 **500.00	
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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:			DATE: 2-21-06 Tel. 835-1810		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: John W.S. Preston, Pres.					

STAPLE CHECK HERE