

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:31

DOCUMENT # A01000001167 1. Entity Name TUSKAWILLA PARK SC, LTD.					
Principal Place of Business 21301 POWERLINE ROAD SUITE 312 BOCA RATON, FL 33433			Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939		
2. Principal Place of Business 925 South Federal Highway		3. Mailing Address			
Suite, Apt. #, etc. Suite 425		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State			
Zip 33432	Country	Zip	Country	4. FEI Number 58-2648892	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 # NAME STREET ADDRESS CITY - ST - ZIP	TUSKAWILLA CORPORATE SL, INC. 21301 POWERLINE ROAD BOCA RATON, FL 33433		STREET ADDRESS CITY - ST - ZIP	925 South Federal Highway, Suite 425 Boca Raton, FL 33432	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	TUSKAWILLA CORPORATE GENERAL TS, INC. 60 E. 42ND STREET - 55TH FLOOR NEW YORK, NY 10165		STREET ADDRESS CITY - ST - ZIP	800072365598 04/27/06--01031--004 **500.00	
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Steven Levin, President Date: 3/13/06 Daytime Phone #: (561) 948-7100		

STAPLE CHECK HERE