

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A04000000403	
1. Entity Name I.A.P., LTD	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10:15

Principal Place of Business 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458	Mailing Address 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number AP-PLIED FOR	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P04000045097	STREET ADDRESS	
NAME	I.A.P., INC	CITY-ST-ZIP	
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100		
CITY-ST-ZIP	JUPITER FL 33458		
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NAME		CITY-ST-ZIP	
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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 of the partnership and I am executing this report as required by Chapter 620, Florida Statutes

SIGNATURE: *William E Taylor, CFO*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER
DATE 3/1-2006 **Daytime Phone #** 561-625-9443

STAPLE CHECK HERE