


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

**FILED
Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # A04000001011 1. Entity Name 33160 PARTNERS, LTD.			
Principal Place of Business 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458		Mailing Address 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 20-1289353	
TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		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		DATE	
SIGNATURE: <i>William E Taylor</i> William E. Taylor CFO			
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 #	P04000094497	STREET ADDRESS	
NAME	33160 PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100	STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	U00000514993
CITY-ST-ZIP		CITY-ST-ZIP	04/29/06-80191-009 500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>William E Taylor</i> William E. Taylor CFO		Date: 4-9-2006 Daytime Phone #: 561-625-944	



1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE