


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

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A9600000809</b><br>1. Entity Name<br>ANDREA LANE, LTD. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>8250 COLLEGE PARKWAY, #201<br>FORT MYERS, FL 33919 | Mailing Address<br>8250 COLLEGE PARKWAY, #201<br>FORT MYERS, FL 33919 |
|---|---|



04052006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0678570                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

8. Name and Address of Current Registered Agent

LEVAN, TERRIS T  
8250 COLLEGE PARKWAY, #201  
FORT MYERS, FL 33919

**DO NOT WRITE IN THIS SPACE**

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

**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                     |  |
|---|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P96000036466<br>GDT, INC. OF SOUTH FLORIDA<br>8250 COLLEGE PARKWAY, #201<br>FORT MYERS, FL 33919 |
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05/06/06-80004-010 500.00

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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:** TERRIS LEVAN *TERRIS LEVAN* **DATE:** 4/19/06 **Daytime Phone #:** 239-482-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #