

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A97000001364

1. Entity Name
STRACHAN INVESTMENT LIMITED PARTNERSHIP



Principal Place of Business
**MESOAMERICA INVESTMENTS
 PLAZA ROBLE, EDIFICIO ELFORTICO
 GUACHIPEN, ESCAZU COSTARICA,**

Mailing Address
**HARRY W. STRACHAN/BAIN & COMPANY, SJO-792
 PO BOX 025216
 MIAMI, FL 33102-5216**

2. Principal Place of Business
Mesoamerica

3. Mailing Address
Harry Strachan, SJO-792

Suite, Apt. #, etc.
Plaza Roble, Edificio El Fortico

Suite, Apt. #, etc.
P.O. Box 025331

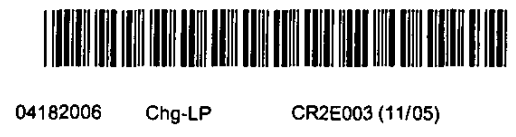
City & State
Guachipelin, Escazu

City & State
Miami, FL

Zip
Costa Rica

Zip
33102-5216

Country
U.S.



4. FEI Number
65-0842163

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

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, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F00000006020	STREET ADDRESS	
NAME	STRACHAN & ASSOCIATES INTERNATIONAL INC.	CITY-ST-ZIP	
STREET ADDRESS	SJO 792/PO BOX 025216		
CITY-ST-ZIP	MIAMI, FL 331025216		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

308875014989
05/22/06--01013--028 **508.75

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: _____ **April 17, 2006** **DL 506-201-81-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #