


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

**FILED
Apr 18, 2006 08:00 AM
Secretary of State**

DOCUMENT # A97000002107
1. Entity Name
MELODY LANE PARTNERS, LTD.



Principal Place of Business
**350 MELODY LANE
CASSELBERRY FL 32707**

Mailing Address
**P.O. BOX 940877
MAITLAND FL 32794-0877**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-7106591

Applied For
Not Applicable

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

1st MOORE CRZE003 (10/05)

6. Name and Address of Current Registered Agent

**SCHIEFERDECKER, HOWARD A
1605 KING ARTHUR CIRCLE
MAITLAND FL 32751**

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 _____
Signatures, typed or printed name of registered agent and title if applicable

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

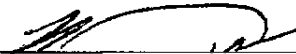
DOCUMENT #	L28451
NAME	SDP INVESTMENTS, INC.
STREET ADDRESS	1605 KING ARTHUR CIRCLE
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	L79712
NAME	SOS REALTY CORP.
STREET ADDRESS	1605 KING ARTHUR CIRCLE
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	
NAME	
STREET ADDRESS	
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STAPLE 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:  **HOWARD SCHIEFERDECKER** 4/14/06 (907) 702-3131