


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

**FILED
Mar 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # A99000000268

1. Entity Name
WILES ROAD BUSINESS CENTER, LTD.



Principal Place of Business: 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426

Mailing Address: 2240 WOOLBRIGHT RD., SUITE 300 BOYNTON BEACH, FL 33426

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



01192006 Chg-LP CR2E003 (11/05)

4. FEI Number: 65-0895104 Applied For: Not Applicable

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

3. Name and Address of Current Registered Agent: APPIGNANI, LOUIS J, 2240 WOOLBRIGHT RD., SUITE 300, BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____

Sign: Use 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 #	P91 000014194	STREET ADDRESS	
NAME	LJF PROPERTIES, INC.	CITY-ST-ZIP	000000482753
STREET ADDRESS	2240 WOOLBRIDGE RD., SUITE 300		04/11/06-80088-018 500.00
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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: [Signature] 3/15/06 561-364-5580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #