


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

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002508</b> 1. Entity Name 9500 BUILDING, LTD.	
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Principal Place of Business 2020 KING AIR COURT PORT ORANGE, FL 32128-6931	Mailing Address 2020 KING AIR COURT PORT ORANGE, FL 32128-6931
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0879455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  9500 BUILDING, INC. 2020 KING AIR COURT PORT ORANGE, FL 32128-6931
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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 #	P98000092908	STREET ADDRESS	1100000393740
NAME	9500 BUILDING, INC.	CITY-ST-ZIP	01/25/06-80033-022 500.00
STREET ADDRESS	2020 KING AIR COURT		
CITY-ST-ZIP	DAYTONA BEACH, FL 32128		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: <i>Peter T Austin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date: 1/14/06 Daytime Phone #: 386 7611882
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