## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 13, 2006 8:00 am Secretary of State

Memory Address   Memo	1. Entity Nam	MENT # P03000047 PARTMENTS, INC.				02-13-2006	5 90040 (	)49 ***15	50.00		
1801 HERMITACE BLVD SIE 100 TALLAHASSEE, FL 32308  2. Principal Place of Business  Sule, Apr. #, etc.  Sule, Apr. #, etc.  Sule, Apr. #, etc.  Cov. & State  Cov. & Plantation  FL  Cov. & State  Cov. & Plantation  C	Principal Plac	e of Business									
SIE 100 TALLAHASSE, F. I. 32308  TALLAHASSE, F. I. 32308  Sule, Apl. P. etc.  Sule, Apl. P. etc.  City & State  City Plantation  Fige Required  Fige Requ	1801 HERMI	TAGE BLVD	-	D							
Surine, Apil. #, etc.  Sulfie, Apil. #, etc.  Sulfie, Apil. #, etc.  Sulfie, Apil. #, etc.  O1272008 Chg-P CR2E034 (11/05)  Chy & State  O1272008 Chg-P CR2E034 (11/05)  Applied For 20-0018608  Z/P Country Zip Country  I. Name and Address of Current Registered Agent  TODD, DAVID E 1801 HERMITAGE BLVD STE 500  TALLAHASSEE, FL 32308  TALLAHASSEE, FL 32308  TODE TOWN IN THE SUMMER STEEL AND DIRECTORS  STEEL NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  TOWN STEEL AND STEEL SUM STEEL SUM STEEL AND DIRECTORS IN 11  TIME  DENNET  DENNET  DENNET  DOWN IN THE STEEL STEEL SUM STEEL SUM STEEL AND STEEL A	STE 100		STE 100								
Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. Apt. #, etc.   City & State   City & State   A. FEI Number   Z0-0018008   Applicable For   Applicable For   Review   Applicable For   Review   Applicable For   Review	TALLAHASSE	E, FL 32308	308		]			<b>3</b>      <b>3</b>	1881 11 1281		
City & State  City Plantation  FL Zip Cigara 324  City Plantation  FL Zip Ciga	2. Principal P	lace of Business	3. Mailing Address								
ZP Country Zip Country Sip S. Certificate Status Desired Desired Status Desired Desired Status Desired Desired Status Desired Desired Desired Status Desired D	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01272006	Chg-P	CR2E0	34 (11/05)		
S. Name and Address of Current Registered Agent  TODD, DAVID E 1801 HERMITAGE BLVD STE 600  TALLAHASSEE, FL 32308  Street Address of New Registered Agent  TODD, DAVID E 1801 HERMITAGE BLVD STE 600  TALLAHASSEE, FL 32308  Street Address of New Registered Agent  TODD, DAVID E 1801 HERMITAGE BLVD STE 600  TALLAHASSEE, FL 32308  Street Address of New Registered Agent or Doth, in the State of Plorida. I am familiar with, and accept the objective of registered agent or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida. I am familiar with, and accept the objective of registered agent, or both, in the State of Plorida.  SIGNATURE  FILE NOWIN FEE IS \$150.00  9. Election Campaign Financing Trust Fund Campaign Financing Trust Fund Campaign Financing Trust Fund Campaign Financing OPT-ST-2P  TALLAHASSEE, FL 32308  OPT-ST-2P  TALLAHASSE	City & State	Đ	City & State			1					
Name and Address of Current Registered Agent	Zip	Country	Zip Coun		try				\$8.75 Add	itional	
TODD, DAVID E 1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308  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 ram familiar with, and accept the obligations of registeryd agent.  SIGNATURE    1		6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R				
STOP CANDES  TALLAHASSEE, FL 32308  Street Address (P.O. Box Number is Not Acceptable)  1200 South Pine Island Road  City Plantation FL Zip Cada3324  8. The above named entity submits this statement for the purpose of changing its registered address or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both in the State of Rorida.  Intel Nove I am familiar with applicable with a spicial control of Rorida. I am familiar with, and accept the obligations of registered agent, or both in the State of Rorida.  Intel Nove I am familiar with, and accept the Nove I am familiar with, and					Name o m	Name					
TALLAHASSEE, FL 32308    1200 South Pine Island Road											
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered photos have deposted agent.    SIGNATURE											
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the submit of registered agent, or between the submit of registered agent, or except the submit of registers.     Intermoved					City				Zip Code		
THE ENOWITH FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD STE 100 TITLE DRAY, LYNNE M 1801 HERMITAGE BLVD STE 100 TITLE DRAY, LYNNE M 1801 HERMITAGE BLVD STE 100 TITLE DVAT TALLAHASSE, FL 32308  TITLE DVAS DIRECTORSS CITY-ST-2P  TITLE DVAS DIRECTORS STREET ADDRESS CITY-ST-2P TITLE DVAS DIRECTORS STREET ADDRESS CITY-ST-2P TITLE DVAS DIRECTORS STREET ADDRESS CITY-ST-2P TITLE DVAS DIRECTORS STREET ADDRESS CITY-ST-2P TITLE DVAS DIRECTORSS CITY-ST-2P TITLE DVAS DIRECTORS STREET ADDRESS CITY-ST-2P TITLE DVAS DIRECTORS STREET ADDRESS CITY-ST-2P TITLE DVAS DIRECTORSS STREET ADDRESS CITY-ST-2P TITLE DYAS DIRECTORSS STREET ADDRESS CITY-ST-2P TITLE VS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE VS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE VS STREET ADDRESS CITY-ST-2P TITLE VS STREET ADDRESS CITY-ST-2P TITLE VS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS STREET ADDRESS STREET ADDR				Plantation							
SIGNATURE    Special form of the processor and state of applicable.   (HOTE: Registered SERVE PERTY.   DATE	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										
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After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution	Signature, typed of pointed name of registered agent and title if applicable. (NOTE: Registered Agent signature paguined whom reinstating)  DATE  ASSISIAN SECRETARY										
TITLE   DENNETT, DOUGLAS W   Delete   NAME   NAME   STREET ADDRESS   TALLAHASSEE, FL 32308   TITLE   NAME   GRAY, LYNNE M   STREET ADDRESS   STREET ADDRESS   TALLAHASSEE, FL 32308   TITLE   NAME   NAME   STREET ADDRESS   STREET ADDRESS   TALLAHASSEE, FL 32308   TITLE   NAME   STREET ADDRESS   ST											
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INTLE VS Delete TITLE Change Addition NAME MCCARTHY, THOMAS D NAME STREET ADDRESS 191' N. WACKER DR., SUITE 2500 STREET ADDRESS CHIY-ST-ZIP CHICAGO, IL 60606' CITY-ST-ZIP  TITLE VAS Delete TITLE Change Addition NAME KURNICK, KAREN NAME CHIY-ST-ZIP  STREET ADDRESS 191 N. WACKER DR., SUITE 2500 STREET ADDRESS CHIY-ST-ZIP CHICAGO, IL 60606 CITY-ST-ZIP  12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Change 119 Florida Statutes   further certify that the information supplied with this filing does not qualify for the exemptions contained in Change 119 Florida Statutes   further certify that the information supplied with this filing does not qualify for the exemptions contained in Change 119 Florida Statutes   further certify that the information supplied with this filing does not qualify for the exemptions contained in Change 119 Florida Statutes   further certify that the information supplied with this filing does not qualify for the exemptions contained in Change 119 Florida Statutes   further certify that the information supplied with this filing does not qualify for the exemptions contained in Change 119 Florida Statutes   further certify that the information supplied with this filing does not qualify for the exemptions contained in Change 119 Florida Statutes   further certify that the information supplied with this filing does not gualify for the exemptions of the change 119 Florida Statutes   further certify that the information supplied with this filing does not gualify for the exemptions of the change 119 Florida Statutes   further certify that the information supplied with this filing does not gualify for the exemptions of the change 119 Florida Statutes   further certify that the information supplied with this filing florida Statutes   further certify that the information supplied with the change 119 Florida Statutes   further certify that the information supplied with the change 119 Florida Statutes   further certify that the information	STREET ADDRESS	l	00		l l						
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NAME KURNICK, KAREN				_							
STREET ADDRESS 191 N. WACKER DR., SUITE 2500 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 STREET ADDRESS CITY-ST-ZIP 12. 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		1	Delete		· .				· [_] · Change	L.} Addition	
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	12. I hereby of indicated	certify that the information supplied with	this filing does not qualify for	or the exe	emptions contains	ed in Chapter 119 e same legal effec	, Florida Statutes. I t as if made under	further cert oath; that I a	ify that the ir	nformation or director	