


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

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A94000000420	
1. Entity Name LDI HOLDINGS, LTD.	

Principal Place of Business ATTN: ANTON W. PLONNER, II 1715 SE 4TH AVE. FT. LAUDERDALE FL 33316	Mailing Address ATTN: ANTON W. PLONNER, II 1715 SE 4TH AVE. FT. LAUDERDALE FL 33316
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE

CR2E003 (10/05)

4. FEI Number 65-0491785	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRAMER, ROBERT M ESQ. C/O KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD FL 33021

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. * 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 #	S52892	STREET ADDRESS	
NAME	LIGHTING DYNAMICS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1715 S.E. 4TH AVE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		
DOCUMENT #		STREET ADDRESS	000000530693
NAME		CITY-ST-ZIP	05/06/06-80009-002 650.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:  **ANTON W. PLONNER II** **2/6/06 954-527-003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE