2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

SIGNATURE: 🛵

1488 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33461 2. Principal Place of Business 3.		į			06 MAY - I PM 1: 45 SECRETARY OF STATE TALLAHASSEE FLORIDA 03272006 Chg-LP CR2E003 (11/05)			
City & State		City & State			4. FEI Number	Orig-Li	OTELOOS (1	Applied For
West Palm Beach, Florida Zip Country		West Palm Beach, F. Zip Country		···	65-07405		– \$8.7	Not Applicable 5 Additional
33401	USA	33401	US A	-	5. Certificate of		Fee F	Required
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
HADDEN, WILLIAM B 1488 BREAKERS WEST BOULEVARD WEST PALM BEACH, FL 33411				Street Address (201 Sout	P.O. Box Number is Not Acceptable) h Narcissus, #603			
				City West Pal	m Beach	***************************************	FL 3	ip Code 3401
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 Signature, typed or printed name of registered agent and title if applicable. William B. Hadden DATE								
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						ADDRESS CHA		
NAME HADDEN, WILLIAM B STREET ADDRESS 201 S NARCISSUS AVE., APT. 603				EET ADDRESS				
CITY-\$T-ZIP DOCUMENT €	WEST PALM BEACH, FL 33401		ļ	0.5.				
NAME STREET ADDRESS	1 1. 355, 251 511 4 (515555) (12.			ET ADDRESS -ST-ZIP	400074697414 05/17/0601004018 **500.00			
CITY-ST-ZIP DOCUMENT /						11.00 010		
name Street address	1			ET ADDRESS				i
CITY-ST-ZIP	IY-ST-ZIP		CITY	- ST-ZIP				
DOCUMENT # NAME			STRI	ET ADDRESS				
STREET ADDRESS GIY-ST-ZIP			CITY	-SI-ZIP				
BOCUMENT # NAME			STRI	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	-\$T-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS City-St-zip			CITY	'-ST-ZIP		4 A 100 II		
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								

William B. Hadden

03/27/2006

Date

561-833-0065

Daytime Phone #