
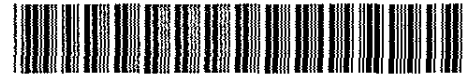


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000615	
1. Entity Name PUZAK LIMITED PARTNERSHIP	

Principal Place of Business 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK NAPLES FL 34108	Mailing Address 100 GLENVIEW PLACE, APT. #804 C/O ELIZABETH K. PUZAK NAPLES FL 34108
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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

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3643030		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 NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES FL 34109		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 Elizabeth K. Puzak DATE 2-21-06

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 #	PUZAK, ELIZABETH K	STREET ADDRESS	1000000453092
NAME	100 GLENVIEW PLACE, APT. #804	CITY - ST - ZIP	03/14/06-80006-014 500.00
STREET ADDRESS	NAPLES FL 34108		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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: Elizabeth K. Puzak DATE 2-21-06 DAYTIME PHONE # 239-594-5727