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

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A00000000644** 06 APR -7 AM 10: 38 THE NILSEN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3164 INVERNESS 3164 INVERNESS FORT LAUDERDALE, FL 33332 FORT LAUDERDALE, FL 33332 2. Principal Place of Business 3. Mailing Address 710 Live Oak Plantation Road 110 Live Oak Plantation Road 02022006 Chg-LP CR2E003 (11/05) City & State City & State 4 FEI Number Applied For Tallahassee *Flo*rida 65-1004729 lorida Tallahussee Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32312-24 usA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nilsen Richard B. NILSEN, RICHARD B -> New Address -> Street Address (P.O. Box Number is Not Acceptable) 710 Live Oak Plantation Roo 3164 INVERNESS FORT LAUDERDALE, FL 33332 Zip Code 32312-24// T<u>allahassee</u> 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, RICHARD B. NILSEN SIGNATURE 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 710 Live Oak Plantation Road NAME NILSEN, RICHARD B STREET ADDRESS 3164 INVERNESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33332 Tallahassee, Florida 32312-2411 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 500070455875 DOCUMENT # STREET ADDRESS 04/14/06--01061--021 NAME STREET ADDRESS CITY-ST-78P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SE-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

RICHARD B. NILSEN 27MAR 06

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