2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A00000000688

1. Entity Name
3600 PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 21 AM 9:43

Principal Place of Business	Mailing Address
3701 FAU BOULEVARD, SUITE 205 BOCA RATON, FL 33431	3701 FAU BOULEVARD, SUITE 205 BOCA RATON, FL 33431

01262005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1582162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEAD, THOMAS A 3701 FAU BOULEVARD, SUITE 205 BOCA RATON, FL 33431	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 _____ Signature, typed or printed name of registered agent, if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$10,000.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000041539	STREET ADDRESS	
NAME	3600 DEVELOPMENT CORP.	CITY-ST-ZIP	PAID
STREET ADDRESS	3701 FAU BOULEVARD		FEB 10 2005
CITY-ST-ZIP	BOCA RATON, FL 33431		CK 1575
			$158.74
			600049240766
			03/28/05--01008--004 **158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #