


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

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000711 1. Entity Name MCLANE BUSINESS CENTER, LTD., LLLP					
Principal Place of Business 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810			Mailing Address 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3642596				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 PRICE, PAMELA O ESQ. 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	P00000043057		STREET ADDRESS		
NAME	NEZTAK, INC.		CITY-ST-ZIP		
STREET ADDRESS	1900 SUMMIT TOWER BLVD., SUITE 130		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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U000000410005
02/09/06-80017-025 \$80.00

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: _____

1/26/06