

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000000784

1. Entity Name
5601 POWERLINE CENTER, LTD.



Principal Place of Business
**C/O JAMIE A. DANBURG
7700 CONGRESS AVE., STE. 3100
BOCA RATON, FL 33487**

Mailing Address
**C/O JAMIE A. DANBURG
7700 CONGRESS AVE., STE. 3100
BOCA RATON, FL 33487**



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1009056

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FELUREN, MARK S
2200 N. COMMERCE PKSY., STE. 202
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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

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

DOCUMENT # **P00000047428**
NAME **POWERLINE CENTER, INC.**
STREET ADDRESS **7700 CONGRESS AVE., STE. 3100**
CITY-ST-ZIP **BOCA RATON, FL 33487**

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**000000496744
04/22/06-80023-017 500.00**

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-5-06

Date

561-987-5777

Daytime Phone #

STAPLE CHECK HERE