## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED**

Due By May 1, 2006				Apr 17, 2006 08:00 A	
1. Entity Name	MENT #A000000 ARTNERSHIP, LTD.	000819		Secretary of State	
Principal Place 3665 BEE RIE SARASOTA, FE	OGE ROAD #310	Mailing Address 3665 BEE RIDGE ROAD #310 SARASOTA, FL 34233		1 (##181) (#1) ##1) ##1(# \$#1(  ##1(  ##1	MARIN DOTES MOINS HESDY INSID SOCIOES AL CONS
				04062008 No Chg-LP	CR2E003 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FE! Number 65-1037341	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Cu	rrent Registered Agent			
CARRION, JAIME S 3665 BEE RIDGE ROAD #310			A PARTICIPATION OF THE PARTICI	DO NOT W	RITE
SARASOTA, FL 34233			**************************************	IN THIS SP	ACE
	named entity submits this statem ons of registered agent.	ent for the purpose of changing its register	ed office or registe	red agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registere	d agent and title if applicable.	<u> </u>		DATE
		NOWIII FEE IS \$500.00 1, 2006, Fee will be \$900.00			
	A GENERAL PARTN	ER THAT IS A BUSINESS ENTITY N  MAY NOT be changed on the form	UST BE REGIS	TERED AND ACTIVE WITH TH	IS OFFICE.
12.		TINER INFORMATION	iii dii diiidiidii	is made as another sections	
DOCUMENT # NAME	P00000049435 MARAC, INC.				
STREET ADDRESS	3665 BEE RIDGE ROAD, S	UITE 310			
DOCUMENT /	SARASOTA, FL 34233	<u> </u>	•	Uronoos	15355
NAME				04/29/06-0	30208-004 500.00
STREET ADDRESS  GITY-ST-ZIP				* <del>-</del> · + · · · ·	
DOCUMENT # NAME					
STREET ADDRESS				DO NOT WE	RITE
DOCUMENT #				IN THIS SPA	ACE
NAME					<del></del>
STREET ADDRESS CITY-ST-ZIP					
DOCUMENT #					
NAME STREET ADDRESS					
CITY-ST-ZIP					
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CTREET ANDRESS	I				

14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Jaime S. Carrion 04/10/06 (941) 923-4551

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #