2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 03, 2006 08:00 AM Secretary of State

Due By May 1, 2006				Secretary of State	
DOCUMENT # A0000001653				Seci	etary of State
	AND ASSOCIATES, LTD.				
Principal Plac	ce of Business	Mailing Address	- 		
		9456 CEDAR RIDGE LANE - SARASOTA, FL 34238	-		
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DO NOT WRITE IN THIS SPAC				01132008 No Chg-LP	CR2E003 (11/05)
DO NOT WRITE IN THIS SPA			.CE	4. FEI Number 65-1051640	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional
 	6. Name and Address of Current	Registered Agent		G. Certificate of Status Desired	Fee Required
<u> </u>	o. Natio and Address of Chitem	registered Agent	-		
VRABLE, LOIS 9456 CEDAR RIDGE LANE				DO NOT W	RITE
SARASOTA, FL 34238					
				IN THIS SP	ACE
8. The above	e named entity submits this statement for	or the purpose of changing its registe	rea' allice ar register	ed agent, or both, in the State of Flo	rida. 1 am familiar with, and accept
the obliga	itions of registered agent.	•			·
SIGNATURE	Signature, typed or philited name of registered again	and title if applicable		· 	DATE
		WIII FEE IS \$500.00		<u> </u>	
	After May 1,	2008, Fee will be \$900.00	_ 		
j	A GENERAL PARTNER ' NOTE: General Partners Mi	THAT IS A BUSINESS ENTITY I LY NOT be changed on the for	NUST BE REGIST	TERED AND ACTIVE WITH THE	S OFFICE.
12.	GENERAL PARTNE		- A LANGUAGE	te made do mid to disengo a ge	nesal partitor.
DOCUMENT #	MARIE / Ole A TOUETER				-
STREET ADDRESS	VRABLE, LOIS A TRUSTEE 9456 CEDAR RIDGE LANE				
CITY-ST-ZIP	SARASOTA, FL 34238				
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NAME CERTIFICATION		ì			
STREET ADDRESS		•			
DOCUMENT #					
NAME					
STREET ADDRESS CITY-ST-ZIP		i			
DECUMENT #					
NAME		1			

14. Thereby 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 and 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

SIGNATURĚ;

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

TOOS UNable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-31-06

Daytme Phone #