

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:45

DOCUMENT # A00000001864

1. Entity Name
NORTH AMERICAN ACQUISITION GROUP, LLLP



Principal Place of Business
ONE NORTH CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

Mailing Address
ONE NORTH CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006

Chg-LP

CR2E003 (11/05)

4. FEI Number
65-1059622

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

WIENER, DAVID J
ONE NORTH CLEMATIS ST., STE. 305
WEST PALM BEACH, FL 33401

Name John W.S. Preston
Street Address (P.O. Box Number is Not Acceptable)
One N. Clematis Street
Suite 305
City West Palm Beach FL 33401

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 # P00000105948
NAME NORTH AMERICAN ACQUISITION GROUP, INC.
STREET ADDRESS ONE NORTH CLEMATIS ST., STE. 305
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

700069941347
04/10/06--01044--019 **500.00

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

John W.S. Preston Pres.

Daytime Phone #

STAPLE CHECK HERE