

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000105**

1. Entity Name  
**FSL INVESTMENTS LTD.**



Principal Place of Business  
**7235 PROMENADE DRIVE  
APT. J-302  
BOCA RATON, FL 33433**

Mailing Address  
**7235 PROMENADE DRIVE  
APT. J-302  
BOCA RATON, FL 33433**



01122006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1069782**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEEMON, FRIEDA S  
7235 PROMENADE DRIVE  
APT. J-302  
BOCA RATON, FL 33433**

**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 the registered agent.

SIGNATURE

*Frieda S. Leemon*  
Signature, typed or printed name of registered agent and title if applicable

DATE

**3/24/2006**

**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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LEEMON, FRIEDA S TRUSTEE  
7235 PROMENADE DRIVE  
BOCA RATON, FL 33433**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**LEEMON, SHELDON  
26515 HENDRIE STREET  
HUNTINGTON WOODS, MI 48070**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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NAME  
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STREET ADDRESS  
CITY - ST - ZIP

**000000482768  
04/11/06-80089-008 500.00**

**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:

*Frieda S. Leemon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

**3/24/2006 561-750856**

**FRIEDA S. LEEMON**

STAPLE CHECK HERE