

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

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001164**

1. Entity Name  
 VIRGIN ISLANDS ASSOCIATES, L.L.L.P.



Principal Place of Business  
 240 SOUTH PINEAPPLE AVE., TENTH FLOOR  
 SARASOTA, FL 34236

Mailing Address  
 240 SOUTH PINEAPPLE AVE., TENTH FLOOR  
 SARASOTA, FL 34236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

03062006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number  
 65-1134420

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

MCCOMB, WILLIAM E  
 1124 LAKESHORE DRIVE  
 SARASOTA, FL 34231

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 BAND, DAVID S  
 240 SOUTH PINEAPPLE AVE., TENTH FLOOR  
 SARASOTA, FL 34236

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 MCCOMB, WILLIAM E  
 1124 LAKESHORE DRIVE  
 SARASOTA, FL 34231

STREET ADDRESS  
 CITY-ST-ZIP

UD00000533130  
 05/06/06-80103-020 500.00

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STREET ADDRESS  
 CITY-ST-ZIP

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

David S. Band, Gen Ptr

3/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE