2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006						SECR	FILED) E cz.,_	
DOCUMENT # A0100001173 1. Enlity Name PADDOCK PARK SC, LTD.						SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 10 AM 10: 27			
21301 POWERLINE ROAD P.O. BOX 112		Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37393	1229						
2. Principal Place of Business 925 South Federal Highway		3. Mailing Address							
Suite, Apt. #, etc. Suite 425		Suite, Apt. #, etc. City & State		03092006 4. FEI Number	Chg-LP	CR2E00	3 (11/05) Applied For		
Boca Raton, FL Zip Country		Zip Country		58-2648			Not Applicable		
33432			Cour			of Status Desired	□ Ė.	8.75 Additional se Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205					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 1			i; an amendi	ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	PADDOCK PARK CORPORATE SL, INC. 21301 POWERLINE ROAD BOCA RATON, FL 33433					5 South Federal Highway, Suite 425 ca Raton, FL 33432			
DOCUMENT #	PADDOCK PARK CORPORATE GENERAL TS, INC. 60 E. 42ND STREET 55TH FLOOR NEW YORK, NY 10165			ET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	60	600072367426 04/27/0601031014 **\$00.00			
DOCUMENT # NAME				ET ADDRESS	04/27	04/2//06UIU3IUI4 **5UU.UU			
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DOCUMENT # NAME			STRI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-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 rhy 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 emported to execute this report as required by Chapter 620, Florida Statutes									
SIGNATURE: Steven Levin, President 3/13/06 (561) 948-7100									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayone Phone #									