


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000001464 1. Entity Name MLN FAMILY PARTNERSHIP, LTD.	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 3200 N. MILITARY TRAIL STE. 201 BOCA RATON, FL 33431	Mailing Address 3200 N. MILITARY TRAIL STE. 201 BOCA RATON, FL 33431
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03012006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent MARTIN, ALISON J 17761 BONIELLO DRIVE BOCA RATON, FL 33496	7. Name and Address of New Registered Agent Name <u>Martin, Alison J</u> Street Address (P.O. Box Number is Not Acceptable) <u>4175 N.W. 24th Terrace</u> City <u>Boca Raton</u> , FL Zip Code <u>33431</u>
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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 *Alison J Martin* DATE 4/13/06

Signature typed or printed name of registered agent and date if applicable

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 # P01000103134 NAME MLN OF PALM BEACH COUNTY, INC. STREET ADDRESS 3200 N MILITARY TRAIL #201 CITY-ST-ZIP BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS <u>500074659955</u> CITY-ST-ZIP <u>05/16/06-01019-010 **500.00</u>
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STAPLE CHECK HERE

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: *Alison J Martin* DATE 4/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #