2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

1. Entity Name SORRENTO BUILDINGS, LTD., LLLP

DOCUMENT # A01000001538



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business 3401 PHILIPS HWY. JACKSONVILLE, FL 32207 Mailing Address 3401 PHILIPS HWY. JACKSONVILLE, FL 32207



DO NOT WRITE IN THIS SPACE

04212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3759982

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, WILLIAM H 3401 PHILIPS HWY. JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

8. The above the obligat	enamed entity submits this statement for the purpose of changing its retions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
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.	
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the	ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT#	LLP010001560	
NAME	SORRENTO PARTNERSHIP, LLP	
STREET ADDRESS	3401 PHILIPS HWY.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		U0N0Q0554086 05/15/06-80079-004 500.00
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not quality 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 it 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:

CITY-ST-ZIP DOCUMENT #

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

STAPLE CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/06

904-398-71

Daytime Phone #