2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 200€

DOCUMENT # A01000001602

LAVERGNE INDUSTRIAL ASSOCIATES, LTD.



Principal Place of Business

300 S.E. 2ND STREET FT, LAUDERDALE, FL 33301 Mailing Address

300 S.E. 2ND STREET

FT. LAUDERDALE, FL 33301

FILED Apr 13, 2006 08:00 AM Secretary of State



01092006 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (11/05)

4. FEI Number 65-1158877

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

JONES, PATRICIA 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent. 	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registated agent.	t ·
SIGNATURE	
Signature, typed or profed name of registered agent and the if epplicable.	DÁTE
FILE NOWIII FEE IS \$500.00	\ i

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.

GENERAL PARTNER INFORMATION P01000116163 DOCUMENT A LAVERGNE INDUSTRIAL ASSOCIATES, INC. NAME STREET ADDRESS 300 S.E. 2ND STREET CITY-ST-ZIP FT. LAUDERDALE, FL 33301 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ACCRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP NAME

<u>U0000</u>0505804 04/26/06-80131-886 500**.00**

DO NOT WRITE IN THIS SPACE

14. It 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 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

SIGNATURÉ:

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

SIGNATURY AND TYPED ON PRINTED HAME OF SIGNING GENERAL PA