2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 10:56

DOCUMENT # A02000000368

1. Entity Name
STL LIMITED

Principal Place of Business	Mailing Address
1220 SE ELDORADO PKWY CAPE CORAL, FL 33904	1220 SE ELDORADO PKWY CAPE CORAL, FL 33904

04102006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
1216 SE ELDORADO PKWY	1216 SE ELDORADO PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	City & State: CAPE CORAL, FL
Zip: 33904 Country	Zip: 33904 Country

4. FEI Number: 33-0997341 ☐ Applied For ☐ Not Applicable

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
LEROUX, SUSAN 1220 SE ELDORADO PKWY CAPE CORAL, FL 33904	Name Street Address (P.O. Box Number is Not Acceptable): 1216 SE EL DORADO PKWY City: CAPE CORAL FL Zip Code: 33904

ADDRESS CHANGE ONLY →

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: Susan Leroux (SUSAN LEROUX) (SAME REGISTERED AGENT) APRIL 11, 2006
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 #	P02000026998	STREET ADDRESS	1216 SE EL DORADO PKWY
NAME	ANAHAT CONCEPTS, INC	CITY-ST-ZIP	CAPE CORAL, FL 33904
STREET ADDRESS	1220 SE ELDORADO PKWY		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400074753834
NAME		CITY-ST-ZIP	05/17/06--01012--025 **500.00
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Susan Leroux SUSAN LEROUX FOR ANAHAT CONCEPTS INC. 4-11-2006 239-540-7112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #