


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A02000000546			
1. Entity Name MISSION PARK, LLLP			
Principal Place of Business 1155 SOUTH SEMORAN BLVD. SUITE 118 WINTER PARK FL 32792		Mailing Address 1155 SOUTH SEMORAN BLVD. SUITE 118 WINTER PARK FL 32792	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0436899		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		1st MOORE CR2E003 (10/05)	
6. Name and Address of Current Registered Agent TEPLITSKY, IGOR 1155 SOUTH SEMORAN BLVD. SUITE 118 WINTER PARK FL 32792		7. Name and Address of New Registered Agent Name 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 _____		DATE _____	
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.			
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 #	NAME	STREET ADDRESS	1155 South Semoran Blvd,
NAME	TEPLITSKY, IGOR	CITY-ST-ZIP	(Suite # 1120) Winter Park, FL 32792
STREET ADDRESS	1155 SOUTH SEMORAN BLVD., SUITE 118		
CITY-ST-ZIP	WINTER PARK FL 32792		
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STREET ADDRESS			
CITY-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 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: _____		Date 4-28-06 Daytime Phone # 407-571-4355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

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TALLAHASSEE FLORIDA



STAPLE CHECK HERE