


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 17 PM 2:34

DOCUMENT # A02000000697	
1. Entity Name HANLEX HOLDINGS LIMITED	

Principal Place of Business 516 COOPER COMMERCE DRIVE SUITE 200 APOPKA, FL 32703	Mailing Address 516 COOPER COMMERCE DRIVE SUITE 200 APOPKA, FL 32703
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03222006 Chg-LP CR2E003 (11/05)

4. FEI Number 26-0051157	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PISTOR, HANS BERNHARD 516 COOPER COMMERCE DRIVE SUITE 200 APOPKA, FL 32703	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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 # NAME STREET ADDRESS CITY-ST-ZIP	LD1000001020 MONROE THARPE LLC 19806 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413	STREET ADDRESS CITY-ST-ZIP	2000 70682892
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Please see certificate of amendment for change of General Partner.	STREET ADDRESS CITY-ST-ZIP	04/17/06--01003--025 **552.50
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Please change to: Centurion Holdings Limited	STREET ADDRESS CITY-ST-ZIP	516 Cooper Commerce Dr. #200 Apopka, Fl. 32703
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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\$500 AR

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: 4/10/06	Daytime Phone # _____
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STAPLE CHECK HERE