


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A02000000714 1. Entity Name NATURAL AIR SYSTEMS DEVELOPMENT PARTNERS LTD. |  |
|---|---|

Principal Place of Business
6455 HIGHWAY 60 EAST
LAKE WALES, FL 33898

Mailing Address
6455 HIGHWAY 60 EAST
LAKE WALES, FL 33898



04032006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 03-0457648 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARSON, JONATHAN C
6455 HIGHWAY 60 EAST
LAKE WALES, FL 33898

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable.

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

| | |
|----------------|------------------------------|
| DOCUMENT # | P00000059929 |
| NAME | MILLENNIUM AIR CONTROL CORP. |
| STREET ADDRESS | 6455 HIGHWAY 60 EAST |
| CITY-ST-ZIP | LAKE WALES, FL 33898 |

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

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05/06/06-80062-006 500.00

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IN THIS SPACE**

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  **Jonathan Carson** 4-13-06 696-9291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE