

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 8:55

DOCUMENT # A02000000779

1. Entity Name
 COURTHOUSE CENTRE OF SARASOTA., LTD.



Principal Place of Business
 C/O JOHN A. MORAN, ESQ.
 1990 MAIN STREET, SUITE 700
 SARASOTA, FL 34236

Mailing Address
 C/O JOHN A. MORAN, ESQ.
 P.O. BOX 3948
 SARASOTA, FL 34230

2. Principal Place of Business

3. Mailing Address

711 S. OSPREY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1

City & State

SARASOTA FL

Zip

Country

34236

Country

USA

04122006

Chg-LP

CR2E003 (11/05)

4. FEI Number

03-0454606

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

MORAN, JOHN A ESQ.
 1990 MAIN STREET
 SUITE 700
 SARASOTA, FL 34236

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

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 # L02000013504
 NAME COURTHOUSE CENTRE OF SRQ, L.L.C.
 STREET ADDRESS P.O. BOX 3948
 CITY-ST-ZIP SARASOTA, FL 342303948

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE