

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

<b>DOCUMENT # A02000001300</b> 1. Entity Name BACKHAND ASSOCIATES, LLLP					
Principal Place of Business 240 S. PINEAPPLE AVENUE, 10TH FL SARASOTA, FL 34236			Mailing Address PO BOX 49948 SARASOTA, FL 34230-6948		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-2075630	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BAND, DAVID S 240 S. PINEAPPLE AVENUE, 10TH FL SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	240 S. PINEAPPLE AVENUE, 10TH FL		CITY-ST-ZIP		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MCCOMB, WILLIAM E		CITY-ST-ZIP		
CITY-ST-ZIP	240 S. PINEAPPLE AVENUE, 10TH FL		CITY-ST-ZIP		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: <u>David S. Band</u> David S. Band, Gen Ptr			3/15/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



03062006 Chg-LP CR2E003 (11/05)

**\$8.75** Additional Fee Required

U00000532983  
 05/06/06-80103-005 500.00

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