

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000138

1. Entity Name
NEW BROAD STREET I, LTD., LLLP



Principal Place of Business
250 SOUTH PARK AVENUE, SUITE 630
WINTER PARK, FL 32789

Mailing Address
250 SOUTH PARK AVENUE, SUITE 630
WINTER PARK, FL 32789

2. Principal Place of Business
250 Park Avenue South

3. Mailing Address

Suite, Apt. #, etc.
Suite 630

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

Zip
32789

Country

Zip

Country

04122006 Chg-LP CR2E003 (11/05)

4. FEI Number
42-1572949

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BATTAGLIA, W.P.
250 SOUTH PARK AVENUE, SUITE 630
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
250 Park Avenue South

Suite 630

City
Winter Park,

FL

Zip Code
32789

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

W.P. Battaglia

04/24/06

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

DOCUMENT # **L03000003410**
 NAME **EPIL NEW BROAD STREET GP, LLC**
 STREET ADDRESS **250 SOUTH PARK AVENUE, SUITE 630**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **250 Park Avenue South, Suite 630**
 CITY-ST-ZIP **Winter Park, FL 32789**

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400074624494
05/15/06 01048 003 **500.00

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:

W.P. Battaglia

W.P. Battaglia

04/24/06

407-622-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

06 MAY -1 AM 9:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA



STAPLE CHECK HERE