


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 17 AM 9:31

<b>DOCUMENT # A03000000264</b> 1. Entity Name LINTON STORAGE, LTD.					
Principal Place of Business 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US			Mailing Address 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3742715	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALPERIN, ELEANOR B ESQ. 1400 CENTRE PARK BOULEVARD SUITE 1000 WEST PALM BEACH, FL 33401				Name <u>Nancy B Colman Esq</u> Street Address (P.O. Box Number is Not Acceptable) <u>Baritz Colman LLC</u> <u>150 E. Palmetto PK Rd. # 750</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33482</u>	
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 <u>Nancy B. Colman</u>				DATE <u>3/6/06</u>	
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000000600		STREET ADDRESS		
NAME	LINTON STORAGE, LLC		CITY-ST-ZIP		
STREET ADDRESS	8135 LAKE WORTH RD				
CITY-ST-ZIP	LAKE WORTH, FL 33467				
DOCUMENT #			STREET ADDRESS		
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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: <u>[Signature]</u>			Date <u>3/9/06</u> Daytime Phone <u>561-357-0121</u>		

STAPLE CHECK HERE