## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2006 May 01, 2006 08:00 Al Secretary of State **DOCUMENT # A03000000645** 1. Enhity Name PARK, SHADOW AND ALAFIA, LTD. Principal Place of Business Mailing Address 1703 BRISTOI AVENUE 1703 BRISTOI AVENUE TAMPA, FL 33606 TAMPA, FL 33606 04212006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0049461 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HIGGS, GEORGE D SR. DO NOT WRITE 1703 BRISTOL AVENUE TAMPA, FL 33606 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. Signatives, typed or number name of organization agent and title diapplicable 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P03000042815 NAME LINGE CORPORATION STREET ADDRESS 1703 BRISTOL AVENUE CITY-ST-ZIP TAMPA, FL 33606 DOCUMENT # NAME U00000553730 STREET ADDRESS 05/15/06-80061-021 500.00 CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT# STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CUTY-ST-ZIP DOCUMENT #

14. I hereby certify that the information supplied with this filling 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 add-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 220, Florida Statutes

SIGNATURE

NAME STREET ADDRESS CITY - ST-7IP

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER