

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:14

DOCUMENT # A03000000728	
1. Entity Name NASA PALMS PROFESSIONAL CENTER, LTD.	



Principal Place of Business PO BOX 428 MELBOURNE, FL 32902 US	Mailing Address PO BOX 428 MELBOURNE, FL 32902 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232006 Chg-LP CR2E003 (11/05)

4. FEI Number APPLIED FOR 37-1490503	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEWTON, JOHN E 2201 REDWOOD DRIVE MELBOURNE BEACH, FL 32061		Name Street Address (P.O. Box Number is Not Acceptable) 152 North Harbor City Blvd. Ste. 200 32935 City Melbourne FL Zip Code 32900	

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	DATE 3/23/06

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
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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 #	P03000047541	STREET ADDRESS	152 N. Harbor City Blvd Ste 200
NAME	NLD, INC.,	CITY-ST-ZIP	Melbourne, FL. 32935
STREET ADDRESS	5430 COMMERCIAL DRIVE, SUITE H		
CITY-ST-ZIP	MELBOURNE, FL 32951		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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:	3-23-06 (321)543-9864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE