

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

FILED
May 01, 2006 08:00 AM
Secretary of State

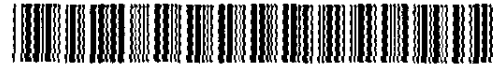
DOCUMENT #A03000001152

1. Entity Name
SCANLON & CROYLE, L.L.L.P.



Principal Place of Business
370 W. CAMINO GARDENS BLVD, #300
BOCA RATON, FL 33432

Mailing Address
370 W. CAMINO GARDENS BLVD, #300
BOCA RATON, FL 33432



04272006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1893843

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCANLON, LAWRENCE J
370 W. CAMINO GARDENS BLVD, #300
BOCA RATON, FL 33432

DO NOT WRITE
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.

SIGNATURE

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

1100000554734
15/16/06-80007-002 500.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
CROYLE, PHILIP J
370 W. CAMINO GARDENS BLVD, #300
BOCA RATON, FL 33432

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
L01000016501
SCANLON & CO. LLC
370 W. CAMINO GARDENS BLVD, #300
BOCA RATON, FL 33432

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #