


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000001452 1. Entity Name 1620 MASON AVENUE LIMITED PARTNERSHIP	
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Principal Place of Business 1430 MASON AVENUE DAYTONA BEACH, FL 32117	Mailing Address 1620 MASON AVENUE DAYTONA BEACH, FL 32117
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2. Principal Place of Business	3. Mailing Address <i>1430 Mason Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <i>Daytona Bch FL</i>
Zip	Zip <i>32117</i>
Country	Country <i>USA</i>

04192006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-0314543	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ORTOLANI, JOHN A 1430 MASON AVENUE DAYTONA BEACH, FL 32117	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L03000036976 A & J OF 1620 MASON AVENUE, LLC 1430 MASON AVENUE DAYTONA BEACH, FL 32117	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100074540841 05/15/06--01005--024 **508.75
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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]* **4/25/06** **386-274-3601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE