


2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000000271</b> 1. Entity Name LORADA PARTNERS, LTD.	
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Principal Place of Business <b>22 BRISTOL LANE BOYNTON BEACH, FL 33436</b>	Mailing Address <b>22 BRISTOL LANE BOYNTON BEACH, FL 33436</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01162006 No Chg-LP	CR2E003 (11/05)
4. FEI Number <b>56-2438559</b>	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE, FL 32301-1283</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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	
DOCUMENT #	<b>L04000013232</b>
NAME	<b>THE NATES, LLC</b>
STREET ADDRESS	<b>22 BRISTOL LANE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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U00000434811  
02/25/06-80017-002 500.00

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 # \_\_\_\_\_