


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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| DOCUMENT # A04000000389 |  |
| 1. Entity Name 630 MAPLEWOOD PARTNERS, LTD. | |

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| Principal Place of Business 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458 | Mailing Address 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458 |
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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 |

| | |
|---|--|
| 1st MOORE | CR2E003 (10/05) |
| 4. FEI Number 20-0878669 | Applied For <input type="checkbox"/> Not Applicable |
| 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 TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458 |
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| 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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # P04000042544 | NAME 630 MAPLEWOOD PARTNERS, INC. | STREET ADDRESS | |
| STREET ADDRESS 630 MAPLEWOOD DRIVE, #100 | CITY-ST-ZIP JUPITER FL 33458 | CITY-ST-ZIP | |
| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |
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| DOCUMENT # | NAME | STREET ADDRESS | |
| STREET ADDRESS | | CITY-ST-ZIP | |

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04/28/06-80191-010-500.00

STAPLE CHECK HERE

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: William E Taylor William E. Taylor CFO **4-9-2006** **561-625-9443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #