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

## **DOCUMENT # A04000000476** Apr 26, 2006 08:00 AN 1. Entity Name **Secretary of State** 33032 PARTNERS, LTD. Principal Place of Business Mailing Address 630 MAPLEWOOD DRIVE 630 MAPLEWOOD DRIVE 100 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 20-1155760 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 630 MAPLEWOOD DRIVE JUPITER FL 33458 Zip Code City 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 1000000535412 SIGNATURE Signature. Hyped or printed name of registered agent and title if applicable \_500\_00 OS/Q8/OS-<u>800</u>49-021 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # P04000052287 STHEET ADDRESS NAME. 33032 PARTNERS, INC. STREET ADDRESS 630 MAPLEWOOD DRIVE, #100 CITY-ST-ZIP CHY-ST-ZIP JUPITER FL 33458 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS City-SI-ZiP CITY ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZIP CITY - ST-ZIP **BOCHMENT A** STREET ADDRESS MAM STREET ADDRESS CITY-\$1-ZIP CRTY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRTY-ST-ZIP 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

URE AND TYPED OF PUINTED NAME OF SIGNING GENERAL PARTNER

1Ay CFO 4-22-2006

FILED