2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A04000000568

1. Entity Name

HARROW OF LONGWOOD, LTD.



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

704 CLUB RIDGE COURT LONGWOOD, FL 32779 704 CLUB RIDGE COURT LONGWOOD, FL 32779



04172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-1224174 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801

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.	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	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 # L04000026611 NAME N&S HARROW, LLC STREET ADDRESS 704 CLUB RIDGE COURT CITY-ST-ZIP LONGWOOD, FL 32779	#00000538610 05/03/06-80062-020 _, 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	IN THIS SPACE
OGCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME	

14. I hereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0-06 Date

Daytime Phone #