

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:11

DOCUMENT # A04000000697

1. Entity Name
 SMYRNA 95, LTD



Principal Place of Business
 545-7 DELANEY AVE.
 ORLANDO, FL 32801 US

Mailing Address
 545-7 DELANEY AVE.
 ORLANDO, FL 32801 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LP CR2E003 (11/05)

4. FEI Number
 20-1055715

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THIER, CARL C
 545-7 DELANEY AVE.
 ORLANDO, FL 32801

7. Name and Address of new Registered Agent

Name Urban & Thier, P.A.

Street Address (P.O. Box Number is Not Acceptable)

545 Delaney Avenue, Bldg. 7

City Orlando

FL

Zip Code 32801

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.

Carl-Christian Thier

April 19, 2006

DATE

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 # P03000107619
 NAME JUPITER USA, INC.
 STREET ADDRESS 545-7 DELANEY AVENUE
 CITY-ST-ZIP ORLANDO, FL 32801

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600074703096
 05/17/06--01007--020 **500.00

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STREET ADDRESS

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 authorized to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Carl-Christian Thier

April 19, 2006

Date

Daytime Phone #

(407) 245-8360

STAPLE CHECK HERE