


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001167			
1. Entity Name HERCULEAN LLLP			
Principal Place of Business 400 N NEW YORK AVE, STE 105 WINTER PARK, FL 32789		Mailing Address PO BOX 878 WINTER PARK, FL 32790	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 20-1402293	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KITOGRAD, IRA 400 N NEW YORK AVE, STE 105 WINTER PARK, FL 32789		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		1100000538546 05/09/06-80062-006 500.00 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000047060	STREET ADDRESS	
NAME	IBK @ WINDSONG, INC.	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 878		
CITY-ST-ZIP	WINTER PARK, FL 32790		
DOCUMENT #		STREET ADDRESS	
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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			
SIGNATURE: _____		Ira Kitograd APR 12 2006 (409) 740-5005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE