

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:40

DOCUMENT # A04000001340 1. Entity Name TORADOL LIMITED PARTNERSHIP					
Principal Place of Business 3949 E HIBISCUS ST. WESTON, FL 33332		Mailing Address 11406 CANYON MAPLE BLVD DAVIE, FL 33330			
2. Principal Place of Business 11406 Canyon Maple Blvd Suite, Apt. #, etc.		3. Mailing Address 11406 Canyon Maple Blvd Suite, Apt. #, etc.			
City & State Davie, FL		City & State Davie, FL		4. FEI Number 55-0877984	
Zip 33330		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERIAN, SAMUEL 11406 CANYON MAPLE BLVD DAVIE, FL 33330				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	CHERIAN, SAMUEL	3949 E HIBISCUS ST.	WESTON, FL 33332	11406 Canyon Maple Blvd	Davie, FL 33330
	CHERIAN, SHIRLEY	3949 E HIBISCUS ST.	WESTON, FL 33332	11406 Canyon Maple Blvd	Davie, FL 33330
900074077209 05/05/06--01043--007 **\$500.00					
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: _____ DATE: 4/07/06					

STAPLE CHECK HERE