

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A04000001504**

1. Entity Name  
**AWSMBB PARTNERSHIP, LTD.**



Principal Place of Business  
**C/O JOHN A. MORAN**  
**1990 MAIN ST., SUITE 700**  
**SARASOTA, FL 34236**

Mailing Address  
**C/O JOHN A. MORAN**  
**P.O. BOX 3948**  
**SARASOTA, FL 34230-3948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**20-1653592**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, JOHN A**  
**1990 MAIN STREET**  
**SUITE 700**  
**SARASOTA, FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

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 # **L04000068421**  
 NAME **AWSMBB HOLDINGS, LLC**  
 STREET ADDRESS **1990 MAIN ST., SUITE 700**  
 CITY-ST-ZIP **SARASOTA, FL 34236**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Lorraine Vitale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**LORRAINE VITALE**

**2-26-06**

**941-928-1766**

Date

Daytime Phone #

STAPLE CHECK HERE

05 MAY -1 PM 9:41

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

