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

NAME STREET ADDRESS CITY-ST-ZIP

NAME

NAME STREET ADDRESS

City-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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## **FILED** Apr 24, 2006 08:00 AN

U00000531699 05/06/06-80053-023 500.00

Daytime Phone #

<sup>1</sup> Ďale

DOCUMENT # A0400001704  1. Entity Name SHANTEL HOLDINGS, LTD.				Secretary of State	
Principal Place 1531 S. TAMI VENICE, FL 3	IAMI TRAIL, #703	Mailing Address 1531 S. TAMIAMI TRAIL, #VENICE, FL 34285	703		
<u> </u>					
				03142006 No Chg-LP CR2E003 (11/05)	
DO NOT WRITE IN THIS SPACE			ACE	4. FEI Number         Applied For           20-1869039         Not Applicate	
				5. Certificate of Status Desired See Required	
	6. Name and Address of Curren	t Registered Agent		<del></del>	
KHLEIF, ALBERT 1531 S. TAMIAMI TRAIL, #703 VENICE, FL 34285				DO NOT WRITE IN THIS SPACE	
the obligati	named entity submits this statement i ons of registered agent.	for the purpose of changing its regi	stered office or register	red agent, or both, in the State of Florida. I am familiar with, and acce	
SIGNATURE -	Signature, typed or printed name of registered ager	n and tide if applicable	er twice entrage	PONT OF CONTROL OF CONTROL	
		Will FEE IS \$500.00 2006, Fee will be \$900.00	)	· ·	
				TERED AND ACTIVE WITH THIS OFFICE.  Int must be filed to change a general partner.	
12.	GENERAL PARTNE				
DOCUMENT#	L04000078669	1		•	
NAME	SHANTEL HOLDINGS, LLC	j			
STREET ADDRESS	1531 S. TAMIAMI TRAIL, #703	[			
CITY-ST-ZIP	VENICE, FL 34285				

DOCUMENT# DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT #

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 941-780-6600 SIGNATURE: