

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRET
 DIVISION
 FILED
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06 FEB 20 AM 8:50

DOCUMENT # A04000001878 1. Entity Name METTA PARTNERSHIP, LIMITED					
Principal Place of Business 540 BILTMORE WAY CORAL GABLES, FL 33134			Mailing Address 540 BILTMORE WAY CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032006 Chg-LP CR2E003 (11/05) 4. FEI Number APPLIED FOR 20-1849292	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADAMS, JOHN C 540 BILTMORE WAY CORAL GABLES, FL 33134				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 #	L04000086494		STREET ADDRESS		
NAME	METTA MANAGEMENT, LLC		CITY-ST-ZIP		
STREET ADDRESS	540 BILTMORE WAY		100066802341 02/28/06--01019--010 **\$500.00		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: <i>David H. Delbrand</i>			2/14/06 314-412-6732 Date Daytime Phone #		

STAPLE CHECK HERE