

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

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT #A04000001982**

1. Entity Name  
**MIRACLE NEEDLE LIMITED PARTNERSHIP**



Principal Place of Business  
**365 E. S.R. 434**  
**LONGWOOD, FL 32750 US**

Mailing Address  
**671 MURPHY ROAD**  
**WINTER SPRINGS, FL 32708 US**



03162006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1793465**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LAM, GWYNETH H**  
**671 MURPHY ROAD**  
**WINTER SPRINGS, FL 32708**

**DO NOT WRITE  
 IN THIS SPACE**

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

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**LAM, NAN T**  
**671 MURPHY ROAD**  
**WINTER SPRINGS, FL 32708**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**LAM, GWYNETH H**  
**671 MURPHY ROAD**  
**WINTER SPRINGS, FL 32708**

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

000000505927  
 04/27/06-80001-013 500.00

**DO NOT WRITE  
 IN THIS SPACE**

STAPLE CHECK HERE

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:

*Gwyneth H. Lam*  
**GWYNETH H. LAM**

**4-11-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #