

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A0400002021	
1. Entity Name 8600 MEDLEY LIMITED PARTNERSHIP	

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 10:33

Principal Place of Business ONE GROVE ISLE DRIVE, APT. 1502 COCONUT GROVE FL 33133	Mailing Address ONE GROVE ISLE DRIVE, APT. 1502 COCONUT GROVE FL 33133
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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PK

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent HICKS, PAUL F ONE GROVE ISLE DRIVE, APT. 1502 COCONUT GROVE FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number 20-2039495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	8600 REALTY, INC. ONE GROVE ISLE DRIVE, APT. 1502 COCONUT GROVE FL 33133	STREET ADDRESS CITY - ST - ZIP	600067189896 03/07/06--01007--013 **500.00
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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: *Paul F Hicks* **2/10/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #