


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

<b>DOCUMENT # A04000002021</b> 1. Entity Name <b>8600 MEDLEY LIMITED PARTNERSHIP</b>	
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB 24 AM 10:33

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

*[Handwritten signature]*

1st MOORE CR2E003 (10/05)

4. FEI Number <b>20-2039495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>HICKS, PAUL F ONE GROVE ISLE DRIVE, APT. 1502 COCONUT GROVE FL 33133</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 #	8600 REALTY, INC. ONE GROVE ISLE DRIVE, APT. 1502 COCONUT GROVE FL 33133	STREET ADDRESS	<b>600067189896</b> 03/07/06--01007--013 **500.00
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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:** *[Handwritten Signature]* **2/10/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #