

500.00

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 11:36



DOCUMENT # A05000000016
1. Entity Name NEHUSHTAN ASSOCIATES, LTD.

Principal Place of Business 22 S. LINKS AVE. SUITE 300 C/O JOHN A. MORAN SARASOTA, FL 34236	Mailing Address P.O. BOX 3948 ATTN: JOHN A. MORAN, ESQ. SARASOTA, FL 34230
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2. Principal Place of Business 190 Main Street	3. Mailing Address
Suite, Apt. #, etc. 700	Suite, Apt. #, etc.

City & State Sarasota, FL	City & State
Zip 34230	Country USA



04182006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2315830	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORAN, JOHN A 1990 MAIN STREET, SUITE 700 SARASOTA, FL 34236	7. Name and Address of New Registered Agent
	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
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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 #	L04000094075
NAME	NEHUSHTAN OF SRQ, LLC
STREET ADDRESS	P.O. BOX 3948
CITY-ST-ZIP	SARASOTA, FL 34230
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	900078270189
STREET ADDRESS	08/02/06--01033--004 **650.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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>[Signature]</i>	Date: 4/25/06	Daytime Phone #
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STAPLE CHECK HERE

Boan, J. Pruett manager