
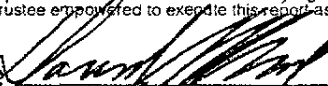


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000000181</b>					
1. Entity Name COMFORT ASSOCIATES, L.L.P.					
Principal Place of Business 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236			Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2231386				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BAND, DAVID S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000006398		STREET ADDRESS		
NAME	FLAMINGO CONSULTING & MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	240 SOUTH PINEAPPLE AVE., 10TH FLOOR				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			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: 			David S. Band, Director 3/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE

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05/06/06-80103-010 500.00