


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A05000000181		
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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03062006	Chg-LP	CR2E003 (11/05)
4. FEI Number	20-2231386	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAND, DAVID S 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236		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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

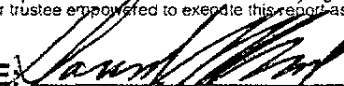
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		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	
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STREET ADDRESS			
CITY-ST-ZIP			

U00000533057
 05/06/06-80103-010 500.00

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  David S. Band, Director 3/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER