

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000000214

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** ORCHID ISLE PARTNERS LTD.

**Current Principal Place of Business:**

11900 BISCAYNE BLVD.  
SUITE 262  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

11900 BISCAYNE BLVD.  
SUITE 262  
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 20-2265881      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SOCKEL-STONE, BONNIE  
11900 BISCAYNE BLVD.  
SUITE 262  
MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: L05000006268  
Name: ORCHID ISLE PARTNERS LLC  
Address: 11900 BISCAYNE BLVD. SUITE 262  
City-St-Zip: MIAMI, FL 33181

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELLIOT STONE

\_\_\_\_\_ Electronic Signature of Signing General Partner

GP

04/13/2006

\_\_\_\_\_ Date