



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 10:50

DOCUMENT # A05000000477 1. Entity Name ALICO ROAD BUSINESS PARK, LP	
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Principal Place of Business 26811 SOUTH BAY DRIVE STE. 240 BONITA SPRINGS, FL 34134	Mailing Address 26811 SOUTH BAY DRIVE STE. 240 BONITA SPRINGS, FL 34134
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2. Principal Place of Business 26811 South Bay Dr. Suite, Apt. #, etc. Suite # 350 City & State Bonita Springs, FL Zip 34134 Country	3. Mailing Address 26811 South Bay Dr. Suite, Apt. #, etc. Suite # 350 City & State Bonita Springs, FL Zip 34134 Country
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03022006	Chg-LP	CR2E003 (11/05)
4. FEI Number	<input checked="" type="checkbox"/> 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 CECIL, W. JEFFREY 5801 PELICAN BAY BOULEVARD STE. 300 NAPLES, FL 34108-2709	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 \$500.00
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 # NAME STREET ADDRESS CITY-ST-ZIP	L05000022661 ALICO ROAD BUSINESS PARK, LLC 26811 SOUTH BAY DRIVE STE. 240 BONITA SPRINGS, FL 34134	STREET ADDRESS CITY-ST-ZIP	26811 South Bay Dr. # 350 Bonita Springs, FL 34134
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400068094264 03/20/06-01016-001 **500.00
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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: FRANZ RASINS 03-02-06 (239) 949-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
 Franz Rasins General Partner

STAPLE CHECK HERE