

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:15

DOCUMENT # A05000000815 1. Entity Name ILC PARTNERS, LLLP					
Principal Place of Business 2300 GLADES ROAD, SUIT 100E BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD, SUIT 100E BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01162006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 42-1666886	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ILC EQUITY, LLC 2300 GLADES ROAD, SUIT 100E BOCA RATON, FL 33431				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	L05000040132		STREET ADDRESS		
NAME	ILC EQUITY, LLC		CITY ST ZIP		
STREET ADDRESS	2300 GLADES ROAD, SUIT 100E		CITY ST ZIP		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY ST ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY-ST-ZIP			CITY ST ZIP		
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NAME			CITY ST ZIP		
STREET ADDRESS			CITY ST ZIP		
CITY-ST-ZIP			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:			William R. Greenfield		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			3/23/06 561-392-6662		

STAPLE CHECK HERE

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