
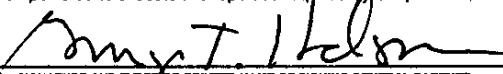


2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 10: 04

DOCUMENT # A05000000827					
1. Entity Name ILY PARTNERSHIP, LLLP					
Principal Place of Business 1415 LADUE LANE SARASOTA, FL 34231		Mailing Address 1415 LADUE LANE SARASOTA, FL 34231			
2. Principal Place of Business		3. Mailing Address		03012006 Chg-LP CR2E003 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-275-7141	
City & State		City & State		Applied For Not Applicable	
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 HARTENSTINE, J. MICHAEL 200 SOUTH ORANGE AVENUE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
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 HUDSON, GEORGE T TRUSTEE			STREET ADDRESS	
NAME	1415 LADUE LANE			CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34231				
CITY-ST-ZIP					
DOCUMENT #	NAME			STREET ADDRESS	000068093470
NAME				CITY-ST-ZIP	03/20/06-01014-030 **500.00
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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: 				3/1/06 941/922-1784	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE