

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

DOCUMENT # A05000000865

1. Entity Name

DRAYTON INVESTMENTS LTD



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 9:49

Principal Place of Business

4195 N.W. 67TH WAY
 CORAL SPRINGS FL 33067

Mailing Address

4195 N.W. 67TH WAY
 CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

AK



1st MOORE

CR2E003 (10/05)

4. FEI Number ☒ Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBOW, ALLEN H
 3351 N.W. BOCA RATON BLVD.
 BOCA RATON FL 33431

Name

MELVIN DRAYTON

Street Address (P.O. Box Number is Not Acceptable)

City

4195 N.W. 67TH WAY
 CORAL SPRINGS

FL

Zip Code

33067

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

AL

Signature, typed or printed name of registered agent and title if applicable.

2/20/06

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # L05000042513
 NAME DRAYTON MANAGEMENT LLC
 STREET ADDRESS 4195 N.W. 67TH WAY
 CITY-ST-ZIP CORAL SPRINGS FL 33067

STREET ADDRESS
 CITY-ST-ZIP 000068090810
 03/20/06--01012--011 **\$500.00

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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:

AL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/20/06

Date

(954) 985-4215

Daytime Phone #

STAPLE CHECK HERE