2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

	1. Entity Name	MENT # A05000 QUITY LTD.	000972			03 III.Y -1 - Lil S: 4.7				
	Principal Place of Business 301 S. NEW YORK AVENUE WINTER PARK, FL 32789 Mailing Address 301 S. NEW YORK A WINTER PARK, FL 3				5	SELVE MANY OF STATE TALLAHASSEE FLORIDA				
-	2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.		02272006 Chg-LP CR2E003 (11/05)				
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.							
	City & State		City & State	City & State		4. FEI Number			Applied F Not Appli	
	Zip Country		Zip	Zip Country		5. Certificate of Status	s Desired		\$8.75 Additional Fee Required	I
F	6. Name and Address of Current Registered Agent GODBOLD, GENE H 222 WEST COMSTOCK AVENUE SUITE 101 WINTER PARK, FL 32789				Name	7. Name and Addres	s of New Re	gistered	Agent	
					Street Address (P.O. Box Number is Not Acceptable)					
- 1										
					City		0 1 15	FL		
,	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 accertified obligations of registered agent.									ссерт
;	SIGNATURE Signature, typed or printed name of registered agent and little if applicable						••	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 REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen									
ļ	12. GENERAL PARTNER INFORMATION			13.	- I	ADDRESS CHANGES ONLY				
- 1-	DOCUMENT # P94000069389 ARCUS, INC.			STREE	T ADDRESS					
	STREET ADDRESS CITY-ST-ZIP	301 S. NEW YORK AVENU WINTER PARK, FL 32789		GITY-S	ST-ZIP					
- t	DOCUMENT / NAME			STREE	T ADDRESS				-C-7	
	STREET ADDRESS City-St-Zip			CITY-	ST-ZIP	05/16/06-	-01020-	005	**500.00	
	DOCUMENT / NAME			STREE	T ADDRESS					
	STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP					
	DOCUMENT / NAME			STREE	T ADDRESS					
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∠ I '	DOCUMENT / NAME	•		STREE	T ADDRESS					
ul'	STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP					
1	DCQUMENT # NAME			STREE	T ADDRESS					
1	STREET ADDRESS CITY-ST-ZIP		_		ST-ZIP					
	14. I hereby of indicated or the reco	URE:	lied with this filing does not quality and that my signature shall have cute this report as required by quity by its by its file. OPED OR PRINTED NAME OF SIGNING GET THE STORY	Y	\mathcal{I}	ed in Chapter 119, Florid made under oath; that I a	4-	<u>Ue</u>	ertify that the information the limited partner	ation rship