
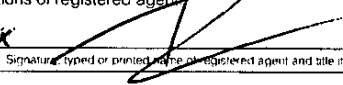



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

APR 24 AM 10:40

DOCUMENT # A05000001119					
1. Entity Name ORCHID ISLAND FORT MYERS, LTD.					
Principal Place of Business 1550 N.E. MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179		Mailing Address 1550 N.E. MIAMI GARDENS DRIVE, SUITE 405 NORTH MIAMI BEACH, FL 33179			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3144619	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROUSSO, MARK E ESQ. 18851 N.E. 29TH AVE., SUITE 900 AVENTURA, FL 33180			Name Ron Davidson Street Address (P.O. Box Number is Not Acceptable) 1550 N.E. MIAMI GARDENS DR. #200 City N Miami Beach FL Zip Code 33179		
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 4/6/06		
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 #	L05000055919		STREET ADDRESS		
NAME	ORCHID ISLAND GENERAL, LLC		CITY-ST-ZIP		
STREET ADDRESS	1550 N.E. MIAMI GARDENS DRIVE, SUITE 205				
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179				
DOCUMENT #			STREET ADDRESS	600074077496	
NAME			CITY-ST-ZIP	05/05/06--01043--018 ***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: 			DATE: 4/5/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DAYTIME PHONE # 13051947-1710		

STAPLE CHECK HERE