


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

DOCUMENT # A05000001242			
1. Entity Name MILLENIA PARK, LTD.			
Principal Place of Business 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803		Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10:16



4. FEI Number 20-3037377		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHRIMSHER, J. STEVEN 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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 #	P96000086295	STREET ADDRESS	
NAME	SCHRIMSHER INVESTMENTS CORPORATION ✓	CITY-ST-ZIP	
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100		
CITY-ST-ZIP	ORLANDO FL 32803		
DOCUMENT #	L04000026605	STREET ADDRESS	300071640793
NAME	BSP/FLORIDA, LLC ✓	CITY-ST-ZIP	04/24/06--01064--001 **500.00
STREET ADDRESS	449 GENIUS DRIVE		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. Steven Schrimsher 1/18/06

Date

Daytime Phone #

407-423-7600

STAPLE CHECK HERE