



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 8:55

<b>DOCUMENT # A05000001375</b> 1. Entity Name THOMPSON BAILEY ASSOCIATES, LLLP					
Principal Place of Business 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410			Mailing Address 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01062006 Chg-LP CR2E003 (11/05)	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCHICKEDANZ, W K 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHICKEDANZ, G H 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410		STREET ADDRESS CITY-ST-ZIP		
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<b>900074079779</b> <b>05/05/06--01047--020 **500.00</b>	
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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					
<b>SIGNATURE:</b> <i>W.K. Schickedanz</i> <b>G.P.</b> W.K. Schickedanz, General Partner Thompson Bailey Associates, LLLP			_____ GENERAL PARTNER Date Daytime Phone #		

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