

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:14

DOCUMENT # A05000001399 1. Entity Name EIGHT OF NINE, LTD.			
Principal Place of Business 9319 WEST SAMPLE ROAD SUITE 203 CORAL SPRINGS, FL 33065		Mailing Address 9319 WEST SAMPLE ROAD SUITE 203 CORAL SPRINGS, FL 33065	
2. Principal Place of Business 9393 W. Sample Rd. Suite #201 Coral Springs, FL 33065	3. Mailing Address 9393 W. Sample Rd. Suite #201 Coral Springs, FL 33065	03272006 Chg-LP CR2E003 (11/05)	
		4. FEI Number 26-0123950	<input type="checkbox"/> 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 GILLESPIE, R. BOWEN III 1515 S. FEDERAL HIGHWAY SUITE 306 BOCA RATON, FL 33432		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 _____	
Signature, typed or printed name of registered agent and title if applicable.			
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 #	P96000076976	STREET ADDRESS	9393 W. Sample Rd. - #201
NAME	J. D. LANDON, INC.	CITY - ST - ZIP	Coral Springs, FL 33065
STREET ADDRESS	9319 WEST SAMPLE ROAD		
CITY - ST - ZIP	CORAL SPRINGS, FL 33065		
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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:		3/27/06 934-344-1908	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

* STAPLE CHECK HERE