


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR -7 AM 9:14

DOCUMENT # A05000001401 1. Entity Name TEN OF SIXTEEN, 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 26-0123951		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 SOUTH 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
NAME	J. D. LANDON, INC.	9393 W. Sample Rd. - #201
STREET ADDRESS	9319 WEST SAMPLE ROAD, SUITE 203	CITY - ST - ZIP
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	Coral Springs, FL 33065
DOCUMENT #		STREET ADDRESS
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		STREET ADDRESS
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		STREET ADDRESS
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		STREET ADDRESS
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

700072389377
 04/27/06--01038--001 **\$500.00

STAPLE CHECK HERE

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: J. D. Landon **DATE:** 3/27/06 **DAYTIME PHONE #:** 344-1408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER