

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

**DOCUMENT # A05000001442**

1. Entity Name  
**AYRES ROCK, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JAN 24 AM 9:14

Principal Place of Business  
**3050 MICHIGAN AVENUE  
KISSIMMEE, FL 34744**

Mailing Address  
**3050 MICHIGAN AVENUE  
KISSIMMEE, FL 34744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

**55-0901670**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LARREA & ORTEGA  
150 ALHAMBRA CIRCLE, SUITE 950  
CORAL GABLES, FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**L05000071955**

**AYRES ROCK GP, LLC**

**3050 MICHIGAN AVENUE**

**KISSIMMEE, FL 34744**

STREET ADDRESS

CITY-ST-ZIP

**100064998251**  
**02/01/06--01076--019 \*\*500.00**

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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:**

**PAUL OXLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JAN 20, 06**  
Date

**407 518 7433**  
Daytime Phone #

STAPLE CHECK HERE