

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 9:56

DOCUMENT # A05000001498	
1. Entity Name ALICO OFFICES, LTD.	



Principal Place of Business 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655	Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01252006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3272916	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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	P05000045224 JHDF, INC. 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700069949107 04/10/06--01052--004 **508.75
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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: <i>Alex R Deeb</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Alex R Deeb President	Date _____ Daytime Phone # 727-376-6831
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