



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

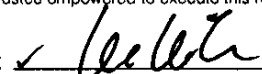
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DOCUMENT # A05000001770 1. Entity Name SIXTY SIX-THIRTY THREE LIMITED PARTNERSHIP					
Principal Place of Business 122 15TH AVENUE N UNIT #1 JACKSONVILLE BEACH, FL 32250			Mailing Address 122 15TH AVENUE N UNIT #1 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 135 2ND AVENUE NORTH		3. Mailing Address 135 2ND AVENUE NORTH			
Suite, Apt. #, etc. 3		Suite, Apt. #, etc. 3			
City & State OCALA		City & State OCALA			
Zip 32250		Country USA		4. FEI Number 20-2656398	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Chg-LP		CR2E003 (11/05)	
6. Name and Address of Current Registered Agent MCCANN MANAGEMENT CORP 135 2ND AVENUE NORTH SUITE 3 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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>			
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 #	P04000148053		STREET ADDRESS		
NAME	MCCANN MANAGEMENT CORP		CITY - ST - ZIP		
STREET ADDRESS	135 2ND AVENUE NORTH				
CITY - ST - ZIP	JACKSONVILLE BEACH, FL 32250				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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

SIGNATURE:  **MICHAEL MCCANN** **4-06-06** **904-242-9195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #