


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000001793					
1. Entity Name MELBOURNE BUSINESS CENTER LIMITED PARTNERSHIP					
Principal Place of Business 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487			Mailing Address 751 PARK OF COMMERCE DRIVE, SUITE 128 BOCA RATON, FL 33487		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLEMAN, NANCY B ESQ BERITZ & COLMAN LLP 150 EAST PALMETTO PARK ROAD, SUITE 750 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 _____ <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 #	P05000130345		STREET ADDRESS		
NAME	MELBOURNE BUSINESS CENTER, INC.		CITY-ST-ZIP		
STREET ADDRESS	751 PARK OF COMMERCE DRIVE, SUITE 128		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			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: _____			04/25/06 (561) 982-7770 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



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