


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

<b>DOCUMENT # A05000001845</b>	
1. Entity Name <b>E &amp; M LIGHT CONSTRUCTION LTD</b>	

Principal Place of Business <b>14939 PERDIDO DRIVE ORLANDO FL 32828</b>	Mailing Address <b>P.O. BOX 677697 ORLANDO FL 32867</b>
--------------------------------------------------------------------------------	----------------------------------------------------------------

2. Principal Place of Business <b>672 N. Semoran Blvd.</b>	3. Mailing Address <b>672 N. Semoran Blvd.</b>
Suite, Apt. #, etc. <b>#102</b>	Suite, Apt. #, etc. <b>#102</b>
City & State <b>Orlando</b>	City & State <b>Orlando</b>
Zip <b>32807</b>	Country <b>Orange</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:07



1st MOORE CR2E003 (10/05)

4. FEI Number <b>65-1233821</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ERDOGAN, BAHTIYAR 14939 PERDIDO DRIVE ORLANDO FL 32828</b>		7. Name and Address of New Registered Agent Name <b>Mehmet Taskan</b> Street Address (P.O. Box Number is Not Acceptable) <b>14852 Pellicer Dr.</b> City <b>Orlando</b> FL Zip Code <b>32828</b>

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 Mehmet E DATE 02/28/06

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	
NAME	ERDOGAN, BAHTIYAR	CITY-ST-ZIP	
STREET ADDRESS	14939 PERDIDO DRIVE		
CITY-ST-ZIP	ORLANDO FL 32828		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: X Mehmet E poa DATE 02/28/06 X4077562044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE