


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000002224		
1. Entity Name SAINT, LLLP		

05 MAY -1 AM 9:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL 33414 US	Mailing Address 1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL 33414 US
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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

04102006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERBST, SETH J M.D. 1395 STATE ROAD 7 SUITE 450 WELLINGTON, FL 33414		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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	L05000119300	STREET ADDRESS	
NAME	SAINT GPNER, LLC	CITY-ST-ZIP	
STREET ADDRESS	1395 STATE ROAD 7, SUITE 450		
CITY-ST-ZIP	WELLINGTON, FL 33414		
DOCUMENT #		STREET ADDRESS	600074659456
NAME		CITY-ST-ZIP	05/16/06--01016--025 **500.00
STREET ADDRESS			
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DOCUMENT #		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-24-06 561-798-8975

STAPLE CHECK HERE