


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 11:16

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|---|---|
| DOCUMENT # A05216 1. Entity Name ORLANDO TENNIS ASSOCIATES LIMITED PARTNERSHIP |  |
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| Principal Place of Business 545 N. PARK AVE. C/O PRAGUE & LEVIN WINTER PARK, FL 32789 | Mailing Address PO BOX 221 BROOKLYN, NY 11208-0221 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



01052006 Chg-LP CR2E003 (11/05)

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|--|--|
| 4. FEI Number 59-1683099 | Applied For <input type="checkbox"/> Not Applicable |
| 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 DIETRICH, PAUL STUMP, STOREY & CALLAHAN 37 N. ORANGE AVE. ORLANDO, FL 32801 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 # NAME STREET ADDRESS CITY-ST-ZIP | 833522 ORLANDO TENNIS WORLD DEVELOPMENT CO., INC. 2689 PITKIN AVE BROOKLYN, NY 11208 | STREET ADDRESS CITY-ST-ZIP | 000065066630 02/15/06--01006--005 **500.00 |
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

JAN 24, 2006 718235-0714

STAPLE CHECK HERE