

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05669**

1. Entity Name  
**POLYGON ASSOCIATES, LTD.**



Principal Place of Business  
**C/O CONTINENTAL PROPERTY SERVICES, INC.**  
**444 SEABREEZE BLVD., SUITE 600**  
**DAYTONA BEACH, FL 32118**

Mailing Address  
**C/O CONTINENTAL PROPERTY SERVICES, INC.**  
**444 SEABREEZE BLVD., SUITE 600**  
**DAYTONA BEACH, FL 32118**



01232008 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1792274</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CONTINENTAL PROPERTY SERVICES, INC.**  
**444 SEABREEZE BLVD., SUITE 600**  
**DAYTONA BEACH, FL 32118**

**DO NOT WRITE IN THIS SPACE**

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**

DOCUMENT #	<b>L01000014524</b>
NAME	<b>ROLF H. GARDEY, L.L.C.</b>
STREET ADDRESS	<b>444 SEABREEZE BLVD., SUITE 600</b>
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32118</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 04/29/06-80182-022 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: *Richard Jenkins* 4/12/06 386-238-7400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #