


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

DOCUMENT # A06158		
1. Entity Name SAFECA, LTD.		

Principal Place of Business 2100 W. BEACH DR. Y-204 PANAMA CITY FL 32401	Mailing Address 2100 W. BEACH DR. Y-204 PANAMA CITY FL 32401
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2. Principal Place of Business <i>2100 W. BEACH DRIVE</i>	3. Mailing Address <i>2100 W BEACH DRIVE</i>
Suite, Apt. #, etc. <i>I 201</i>	Suite, Apt. #, etc. <i>I 201</i>

1st MOORE CR2E003 (10/05)

City & State <i>PANAMA CITY - FL</i>	City & State <i>PANAMA CITY - FL</i>	4. FEI Number 59-1790082	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32401</i>	Country	Zip <i>32401</i>	Country

off

6. Name and Address of Current Registered Agent LONDONO, NOHRA 2100 W. BEACH DR. Y-204 PANAMA CITY FL 32401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2100 W BEACH DRIVE I 201</i> 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 *N. Londono* DATE *2/20/06*
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 CITY-ST-ZIP	L05000002682 SAFECA GENERAL PARTNER, L.L.C. 2100 W. BEACH DR. PANAMA CITY FL 32401	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<i>600068092186</i> <i>03/20/06--01013--017 **\$500.00</i>
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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: *Alexandra D. Londono* DATE *2/20/06* DAYTIME PHONE # *305-975-6388*
Signature and typed or printed name of signing general partner