

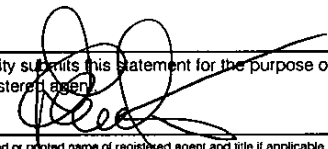
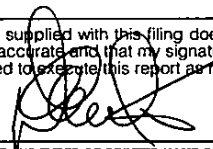


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 10: 04

DOCUMENT # A06923 1. Entity Name THE ALBERTSON COMPANY, LTD.					
Principal Place of Business 422 WEST FAIRBANKS AVE. SUITE 303 WINTER PARK, FL 32789			Mailing Address PO BOX 2999 WINTER PARK, FL 32790		
2. Principal Place of Business 200 S. KNOWLES AVE. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State		4. FEI Number 59-1853867	
Zip 32789		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBERTSON, DAVID 422 WEST FAIRBANKS AVENUE SUITE 303 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name DAVID ALBERTSON Street Address (P.O. Box Number is Not Acceptable) 200 S. KNOWLES AVE. City WINTER PARK FL Zip Code 32789		
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE	
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		
STREET ADDRESS	ALBERTSON, DAVID		CITY - ST - ZIP		
CITY - ST - ZIP	WINTER PARK, FL				
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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: 			1-24-06 407-647-3500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE