2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Feb 23, 2006 08:00 AM Secretary of State

DOCL	18/	1=1	NT	쓮	Α1	25	07	7

1. Entity Name NUZZO & ASSOCIATES, LTD.



Principal Place of Business

1351 SW 4TH COURT BOCA RATON, FL 33432 Mailing Address

1351 SW 4TH COURT BOCA RATON, FL 33432



DO NOT WRITE IN THIS SPACE

02132006 No Chg-LP CR2

CR2E003 (11/05)

4. FEI Number 59-2178275

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUZZO, MARK J. 1351 S.W. 4TH CT. BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

	·	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its rations of registered agent.	egistered office or registered agent, or both, in the State of Florida. I em familiar with, and accept
SIGNATURE	Signature, typed or profited name of registered agent and title if applicable.	OATE
	FILE NOWII! FEE IS \$500.00 After May 1, 2006, Fee will be \$900	.00
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on th	TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. e form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	<u> </u>
DOCUMENT #	P01000039817	
NAME	NU BUILDINGS, INC.	
STREET ADDRESS	1351 SW 4TH COURT	
City-St-Zip	BOCA RATON, FL 33432	ປນິບົນປ4433ປະ
DOCUMENT #		03/06/06-90001-002 500.00
NAME		
STREET ADDRESS	}	
CITY-ST-ZIP		
DOCUMENT #		i
NAME		
STREET ADDRESS		DO NOT WRITE
City-St-Zip		
DOCUMENT #		1 IN THIS SPACE
MANAE	}	
STREET ADDRESS	1	
CITY-ST-ZIP		
DOCUMENT#		

14. I hereby certify that the information supplied with this filling 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 it made under path; that I am a General Partner of the limited partnership or the receiver or trustee amprovered to execute this report as required by Chapter 820, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CUTY-ST-ZIP

SIGNATURE AND TYPED OR PART

D NAME OF SIGNING GENERAL PARTNER

2/23/06

5413936605

Daylima Phone 9