

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:44

DOCUMENT # A13265 1. Entity Name ADELPHI LAND ASSOCIATES, LTD.					
Principal Place of Business UNIT BS-3 4333 N. OCEAN BLVD. DELRAY BEACH, FL 33483			Mailing Address P.O. BOX 736 FORT WASHINGTON, PA 19034		
2. Principal Place of Business 4333 N. Ocean Blvd.		3. Mailing Address			
Suite, Apt. #, etc. Unit BN-3		Suite, Apt. #, etc.			
City & State Delray Beach, FL		City & State			
Zip 33483		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KARABOTS, NICHOLAS G. 4333 N. OCEAN BLVD. UNIT BS-3 DELRAY BEACH, FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4333 N. Ocean Blvd. Unit BN-3 City Delray Beach FL Zip Code 33483	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> Nicholas G. Karabots General Partner </div> <div> 1/24/06 <small>DATE</small> </div> </div>					
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	KARABOTS, NICHOLAS G.		CITY-ST-ZIP		
CITY-ST-ZIP	40 SKIPPACK PIKE FORT WASHINGTON, PA 19034		STREET ADDRESS		
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CITY-ST-ZIP			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:			General Partner		01/24/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

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