FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:10

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A13361

1. Entity Name
WEST ORANGE TOWNHOUSE LIMITED

Principal Place of Business	Mailing Address
575-7 DELANEY AVE ORLANDO, FL 32801	575-7 DELANEY AVE ORLANDO, FL 32801
2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04042006 Chg-LP CR2E003 (11/05)

4. FEI Number: 59-2116198 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARL-CHRISTIAN THIER 112 E. CONCORD STREET ORLANDO, FL 32801	Name: Urban & Thier, P.A Street Address (P.O. Box Number is Not Acceptable): 545 Delaney Avenue, Bldg. 7 Orlando City: FL Zip Code: 32801

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: Carl Christian Thier DATE: April 3, 2006

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	DUEREN, WOLFGANG		
STREET ADDRESS	575-7 DELANEY AVE	CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO, FL 328014342		
DOCUMENT #	P03000107619	STREET ADDRESS	
NAME	JUPITER USA, INC.		
STREET ADDRESS	575-7 DELANEY AVE	CITY-ST-ZIP	700074703577 05/17/06--01008--008 **500.00
CITY-ST-ZIP	ORLANDO, FL 32801		
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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: [signature] April 4, 06 407-245-8360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #