## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A15902

Address:

Name: Address:

City-St-Zip:

Document #:

7974 SAILBOAT KEY BLVD.

MASCALI, RICHARD

City-St-Zip: WEST HARRISON, NY 10604

97 STONEWALL CIRCLE

SOUTH PASADENA, FL 33707

Entity Name: MASCALI & SONS, LTD.

FILED Apr 14, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
		& COMPANY RIVE, SUITE 1650		
Current Mailing Address:			New Mailing Address:	
% PENDER NEWKIRK & COMPANY 100 SOUTH ASHLEY DRIVE, SUITE 1650 TAMPA, FL 33602				
FEI Number:	59-2409081	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	RICHARD ANTE COUR PRINGS, FL			
	named entity of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both
SIGNATUR	RE:			
Electronic Signature of Registered Age			ent Date	
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY:	
Document #: Name: Address: City-St-Zip: Document #: Document #: Document #:	FAIRFIELD, D % 100 SOUTH TAMPA, FL 33 MASCALI, RIC % 100 SOUTH TAMPA, FL 33 MASCALI, CH/	ASHLEY DRIVE, SUITE 1650 6602 ELORES J ASHLEY DRIVE, SUITE 1650 6602 HARD ASHLEY DRIVE, SUITE 1650 6602 ARLES R ASHLEY DRIVE, SUITE 1650	Address: City-St-Zip:  Address: City-St-Zip:  Address: City-St-Zip:  Address: City-St-Zip:	
Name:	FAIRFIELD D	OLORES J		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: RICHARD MASCALI GP 04/14/2006