TED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

GENERAL PARTNER INFORMATION

ØENT# A17103



FILED Feb 23, 2006 08:00 AM

59-2408469 Not App	.ne TSL ⊬∟ÁZA	ONE ASSOCIATES,	LTD.		Secretary of State		
NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2EUG3 (10/05) City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required Fee Required Fee Required Fee Required SLIVE, MALCOM H S516 RIVER RD. NEW PORT RICHEY FL 34652 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent. SIGNATURE Signamic, hyear or percondulating of registered agent and titls if applicable PATE FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of States Signature Agent Make check payable to Florida Department of States Signature Agent Make check payable to Florida Department of States PATE FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department of States Signature Agent Make Check payable to Florida Department Make Check Payable to Flo	Principal Place of Business		Mailing Address				
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Zip Country Zip Country 5. Cartificate of Status Desired \$8.75 Additional Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLIVE, MALCOM H 5516 RIVER RD. NEW PORT RICHEY FL 34652 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent. SIGNATURE Dignature, typed or pretod name of registered agent and title if applicable FILE NOWILL Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of States and States are presented agent and title if applicable in the State of Florida Department of States are presented agent.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE		
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ADDRESS CHANGES ONLY

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	DOCUMENT # NAME	LAWN, MICHAEL	STREET ADDRESS	
	CITY-ST-ZIP	5516 RIVER ROAD NEW PORT RICHEY FL	CITY -SI - IIP	
	name Name	SLIVE, MALCOLM H.	olheei auúneŝo	
STAPLE CHECK HERE	STREET ADDRESS CITY-ST-ZIP	5516 RIVER ROAD NEW PORT RICHEY FL	CUTY - ST - ZUP	
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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 it made under oath, that I em 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:

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