


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Feb 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A17605**  
1. Entity Name  
**INVERNESS ASSOCIATES, LTD.**



Principal Place of Business  
**3109 STIRLING ROAD, SUITE 200  
FORT LAUDERDALE, FL 33312**

Mailing Address  
**3109 STIRLING ROAD, SUITE 200  
FORT LAUDERDALE, FL 33312**

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-LP CR2E003 (11/05)

4. FEI Number  
**23-2309986**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOLLANDER, DAVID G  
3109 STIRLING RD, SUITE 200  
FT LAUDERDALE, FL 33312**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	
DOCUMENT #	P94000084207
NAME	INVERNESS REALTY CORP.
STREET ADDRESS	3109 STIRLING RD., SUITE 200
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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02/24/06 80013-015 500.00

**DO NOT WRITE IN THIS SPACE**

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: Melissa Ackerman **MELISSA ACKERMAN, GP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

INVERNESS REALTY CORP **INVERNESS REALTY CORP**  
DATE

(954) 962-9700 **(954) 962-9700**  
DAYTIME PHONE #