


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

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A26095 1. Entity Name DUCTILE, LTD.			
Principal Place of Business 1151 N. FT LAUDERDALE BEACH BLVD., 12 FT. LAUDERDALE FL 33304		Mailing Address C/O JC CUNNINGHAM 1151 N FT LAUDERDALE BEACH BLVD, 12A FT. LAUDERDALE FL 33304	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE

CR2E003 (10/05)

4. FEI Number **65-0033474** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CUNNINGHAM, JOHN C 1151 N. ATLANTIC BLVD., APT. 12A FT. LAUDERDALE FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

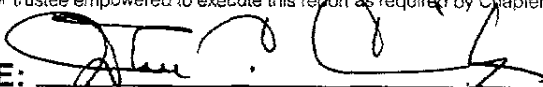
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CUNNINGHAM, JOHN C	STREET ADDRESS	
NAME	1151 N. FT LAUDERDALE BEACH BLVD., 12A	CITY- ST- ZIP	
STREET ADDRESS	FT. LAUDERDALE FL 33304		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	000000532720
NAME		CITY- ST- ZIP	05/06/06-80097-003 500.00
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NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/06 (954) 565-5475

Date

Daytime Phone #