


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

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # A28908				
1. Entity Name ORLANDO BELTWAY ASSOCIATES-ROUND LAKE ROAD, LTD.				
Principal Place of Business 180 WILSHIRE BOULEVARD CASSELBERRY FL 32707		Mailing Address 120 EAST COLONIAL DRIVE 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	



1st MOORE

CR2E003 (10/05)

4. FEI Number
59-2970430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent MORLEY, PATRICK M. 180 WILSHIRE BOULEVARD CASSELBERRY FL 32707		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 #		STREET ADDRESS	
NAME	MORLEY, PATRICK M.	CITY - ST - ZIP	
STREET ADDRESS	180 WILSHIRE BLVD.		
CITY - ST - ZIP	CASSELBERRY FL 32707		
DOCUMENT #		STREET ADDRESS	
NAME	HEAVENER, JAMES W.	CITY - ST - ZIP	
STREET ADDRESS	180 WILSHIRE BLVD.		
CITY - ST - ZIP	CASSELBERRY FL 32707		
DOCUMENT #		STREET ADDRESS	
NAME	WALLACE, RONALD D.	CITY - ST - ZIP	
STREET ADDRESS	180 WILSHIRE BLVD.		
CITY - ST - ZIP	CASSELBERRY FL 32707		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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

Date

Daytime Phone #

STAPLE CHECK HERE

PM Morley 1-12-06 407-872-0209