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

## DOCUMENT #A29095 1. Entity Name MANASARA ASSOCIATES LIMITED

FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

1131 NORTH LAKE SHORE DRIVE SARASOTA, FL 34231 Mailing Address

1131 NORTH LAKE SHORE DRIVE SARASOTA, FL 34231



DO NOT WRITE IN THIS SPACE

03062006 No Chg-LP CR2E003 (11/05)

4. FEI Number Applied For 65-0157031 Not Applicable

5. Certificate of Status Desired 

\$8.75 Additional

Fee Required

5. Name and Address of Current Registered Agent

SABA, RICHARD D. 1390 MAIN STREET SUITE 824 SARASOTA, FL 34236 DO NOT WRITE IN THIS SPACE

3. 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 lamiliar with, and acceptive obligations of registered agent.  SIGNATURE  Signature, typic or printed or printed orang of registered agent and title it applicable.  DATE		
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	FIERS, CARLISLE W., JR. 1131 NORTH LAKE SHORE DR SARASOTA, FL	
DECLIMENT # MAME STREET ADDRESS CITY-ST-ZP	M90343 MANASARA CORP. 1390 MAIN ST., STE. B24 SARASOTA, FL	000000459230 03/18/06-80025-001 500.00
DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-JIP		

14. I hereby certify that the information supplied with this filling 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:

DOCUMENT / NAME STREET ADDRESS CHY-ST-ZIP

mbile to freeze

3/6/06 941-921-2212