

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:03

**DOCUMENT # A29178**

1. Entity Name  
 MARTIN MAGNETIC IMAGING, LTD.



Principal Place of Business  
 625 RIVERSIDE DRIVE  
 STUART, FL 34994

Mailing Address  
 P.O. BOX 5  
 STUART, FL 34995

2. Principal Place of Business  
 1880 SW Willowbend Ln.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Palm City, FL

City & State

Zip  
 34990

Country  
 Martin

Zip

Country

02022006

Chg-LP

CR2E003 (11/05)

4. FEI Number  
 65-0157580

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

POMERANCE, DAVID M  
 625 RIVERSIDE DRIVE  
 STUART, FL 34994

**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 \$500.00**  
**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 # K63068  
 NAME MMRI, INC.  
 STREET ADDRESS 625 RIVERSIDE DRIVE  
 CITY-ST-ZIP STUART, FL 34994

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS 1880 SW Willowbend Ln.  
 CITY-ST-ZIP Palm City, FL 34990

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

200068092122  
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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