2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A29812

1. Entity Name

FAT TUESDAY/KEY WEST LIMITED PARTNERSHIP



FILED Jul 10, 2006 08:00 AN Secretary of State

Principal Place of Business

305 DUVAL STREET KEY WEST, FL 33040 Mailing Address

% JAMES W. REED 305 DUVAL STREET KEY WEST, FL 33040



07052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number		Applied For
56-1688425		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

			00 1000 120	<u> </u>	1.101.10		
			5. Certificate of Sta	tus Desired	See Required		
6. Name and Address of Current Registered Agent							
REED, JAI 305 DUVA KEY WES		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							
	Signature, typed or printed name of registered agent and title if applicable.				DATE		
	FILE NOWIII FEE IS \$500.00 Due by September 6, 2006			In accordance the limited par prior notice.	e with s. 607.193(2)(b), F.S., rtnership did not receive the		
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 /	F93000001948						
NAME	MILLENNIUM SOUTHERNMOST						
STREET ADDRESS City-St-Zip	305 DUVAL STREET			יַסַסַסַסָּעָּי, בּה	0569435 -80026-009 500.00		
	KEY WEST, FL 33040			ots 11508:	-80026-009 snn nn		
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STAPLE CHECK HERE

14. I hereby certify that the information all pplied 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 another 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 enthological partnership or the receiver or trustee enthological partnership as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TEFFREY C. GWIHER 1/5/06 (305)296-937=