## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED** 

200	Due By	May 01, 2006 08:00			
DOCL	JMENT # A31352				cretary of Stat
1. Entity Na		. œ.			<b>,</b>
450 E. LAS	Principal Place of Business Mailing Address 450 E. LAS OLAS BLVD., 15TH FLOOR 450 E. LAS OLAS BLVD., 15 FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 3330			* (MB1787) (MM M 371W1 375W1 222M1 1822M1 1822	eren Prell Breck Blikk groff Blikkfrik af 1881
		<u></u>	ं केर्	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CDOECOS (44/45)
	DO NOT WRIT	E IN THIS SPA	CE	01052006 No Chg-LP     4. FEI Number 65-0295322     5. Certificate of Status Desired	CR2E003 (11/05)  Applied For  Not Applicable  \$8.75 Additional
<u> </u>	6. Name and Address of Curre	nt Registered Agent	1	S. Certificate of charge occurred	, Fee Required
HUIZENGA HOLDINGS, INC 450 E. LAS OLAS BLVD., 15TH FLOOR FT. LAUDERDALE, FL 33301				DO NOT W IN THIS SP	
	ations of registered agent.	t for the purpose of changing its register	ed office or register		rida. I am familiar with, and accept
	FILE N	OWIII FEE IS \$500.00 , 2006, Fee will be \$900.00	4,3.		34,12
	A GENERAL PARTNER NOTE: General Partners I	R THAT IS A BUSINESS ENTITY N MAY NOT be changed on the form	IUST BE REGIST	TERED AND ACTIVE WITH THI	S OFFICE. neral partner.
12.		VER INFORMATION		"	<u> </u>
DOCUMENT # NAME STREET ADDRES CITY-ST-ZIP	TRIPLE H RANGE MGMT, INC 450 EAST LAS OLAS BLVD. #1505			00000 05/15/06	00554431 5-80091-021 500.00
BOCUMENT # NAME STREET ADDRES CITY-ST-ZIP	s				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #				DO NOT WE	
NAME STREET ADDRES CITY-ST-ZIP	s				- <del></del>
NAME STREET ADDRES	5				
DOCUMENT #					

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 accelerate and that my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute this report as required by Chapter 520, Florida Statutes

SIGNATURE:

DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DayLime Phona #