


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 10:27

DOCUMENT # A31677			
1. Entity Name PALMETTO PARK ROAD ASSOCIATES LIMITED			
Principal Place of Business 21301 POWERLINE ROAD, #312 BOCA RATON, FL 33433		Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939	
2. Principal Place of Business 925 SOUTH FEDERAL HIGHWAY		3. Mailing Address	
Suite, Apt. #, etc. SUITE 425		Suite, Apt. #, etc.	
City & State BOCA RATON, FL 33432		City & State	
Zip 33432	Country	Zip	Country
6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON, FL 34205		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000032150 WEST BOCA SQUARE CORPORATE, INC. 21301 POWERLINE ROAD, #312 BOCA RATON, FL 33433	STREET ADDRESS CITY - ST - ZIP	925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432
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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: _____		Jill Levin, Treasurer 3/24/06 (865) 584-4175	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE