

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JAN 18 AM 11:20

DOCUMENT # A31944 1. Entity Name PRESNICK PROPERTIES, LTD.					
Principal Place of Business 96 WILLARD ST., SUITE 302 202 COCOA, FL 32922			Mailing Address 96 WILLARD ST., SUITE 302 202 COCOA, FL 32922		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3084821	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESNICK, DAVID M.			Name		
96 WILLARD ST., SUITE 302 202			Street Address (P.O. Box Number is Not Acceptable)		
COCOA, FL 32922					
			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 _____					
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		
NAME	PRESNICK, DAVID M.		CITY-ST-ZIP		
STREET ADDRESS	96 WILLARD ST., # 302 202				
CITY-ST-ZIP	COCOA, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PRESNICK, CAROLE M.		CITY-ST-ZIP		
STREET ADDRESS	179 MARTIN LANE				
CITY-ST-ZIP	ORANGE, CT 06477				
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY-ST-ZIP		
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: <u>David M. Presnick</u>			1-10-2006 321.639.1320 Date Daytime Phone #		

STAPLE CHECK HERE