C)17-S1-21P

SIGNATURE:

Due By May 1, 2006				Feb 15, 2006 08:00 A		
DOCU 1. Entity Nam	MENT # A320	55	A STA	Secretary of State		
		LY PARTNERSHIP, LTD.				
•	e of Business PLACE WEST I, FL 34210	Meiling Address 4255 52ND PLACE WEST BRADENTON, FL 342TO				
			······································			
Ε	DO NOT WRITE IN THIS SPA			01062005 No Chg-LP		
				59-2921866 Not Applica  5. Certificate of Status Desired \$ \$8.75 Additional		
	6. Name and Address	of Current Registered Agent		5. Serimosie di Statos Desired (S) Fee Required		
4255 52NI	SA, THOMAS J D PLACE WEST FON, FL 34210	· ·		DO NOT WRITE IN THIS SPACE		
	tions of registered agent.		stered office or register	red agent, or both, in the State of Florida. I am familiar with, and acc  pare		
		ILE NOWIII FEE IS \$500.00 May 1, 2006, Fee will be \$900.00	)			
				TERED AND ACTIVE WITH THIS OFFICE. Int must be filed to change a general partner.		
12.		L PARTNER INFORMATION				
DOCUMENT # NAME SIGNEY ADDRESS CATY - S1 - ZIP	MANNAUSA, THOMAS 1343 MAIN ST., 5TH FI SARASOTA, FL	B.		U000004342 <b>73</b> 02/24/06-80056-004 508. <b>7</b> 5		
DOCUMENT A NAME STREET ADDRESS CITY-ST- DP						
DOCUMENT A NAME STREET ADDRESS GUY-ST-CIP				DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP		- <del> </del>		IN THIS SPACE		
DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP						
DOCUMENT / NAME STREET ADDRESS		N				

14. I bareby 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 acquiring and that my signature shall have the same legal effect as if made under cath, that I am a General Partner of the limited partnership or the receiver or trustee empowerspite execute this report as required by Chapter 620, Florida Statutes

SIGNATUME AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER