

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT #A32160

1. Entity Name
P.A.D.A. PARTNERSHIP, LTD.



Principal Place of Business
**7290 33RD ST.
VERO BEACH, FL 32966**

Mailing Address
**7290 33RD ST.
VERO BEACH, FL 32966**



02092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3090640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, PAUL L.
7290 33RD ST.
VERO BEACH, FL 32966**

**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 of registered agent or authorized agent and one if not

PAUL L. ADAMS

DATE

2/10/06

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADAMS, PAUL L TRUSTEE
7290 33RD ST.
VERO BEACH, FL 32966**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADAMS, DONNA K TRUSTEE
7290 33RD ST.
VERO BEACH, FL 32966**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

1100010444921
02/07/06-80021-024 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/06 772-778-3143

Date

Daytime Phone #

STAPLE CHECK HERE