2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT #A33352					-				
1. Entity Nan	MEALTH PARK, LTD.			asuay	-1 fil S	: [.]			
Principal Place of Business Mailing Address					Street	ARY U. S ASSEE FL	IAIE DRINA		
	MI TRAIL NORTH, SUITE 400	3003 TAMIAMI TRAI Naples, FL 34103		SUITE 400	IALLAN	MOSELIE	ONIDA		
2 Principal C	Place of Business	2 Mailton Address							
		3. Mailing Address					(† Dinil Dkali Dinil	ALEH ALE	II GIBIISII BI IIBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LP	CR2E00	03 (11/	05)
City & State		City & State	City & State		4. FEI Number 65-0349011			F	Applied For Not Applicab
Zip Country		Zip Coun		ntry	**			8.75	Additional
	6. Name and Address of Cur	rent Registered Agent	legistered Agent		7. Name and A	ddress of New			ion eq
CORINA, ROBERT D				Name					
3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES, FL 34103			Street Addr		(P.O. Box Number	is Not Acceptab	le)		· · · · · · · · · · · · · · · · · · ·
				City			FL	1 .	Code
The above the obligat	named entity submits this stateme ions of registered agent.	ent for the purpose of changing	its register	ed office or registe	red agent, or both,	in the State of F	lorida. I am fa	ımiliar v	with, and accep
SIGNATURE	Signature, typed or printed name of registered						DATE		
		`							
	After May	NOWIII FEE IS \$500.00 1, 2006, Fee will be \$9	900.00						
	A GENERAL PARTNI NOTE: General Partners	ER THAT IS A BUSINESS I MAY NOT be changed or	ENTITY M n the form	IUST BE REGIS n; an amendme	TERED AND AC nt must be filed	TIVE WITH TO to change a g	HIS OFFICE Jeneral part	ner.	
12.	GENERAL PAR	TNER INFORMATION	13.		,	ADDRESS CH	IANGES ONL	Y	
NAME	COLLIER MANAGEMENT	SERVICES, INC.	STRE	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP	3003 TAMIAMI TRAIL NORT NAPLES, FL 34103	H, SUITE 400	CITY	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
indicated or the rec	certify that the information supplied on this report is true and accurate eiver or trustee empowered to exe	and that my signature shall have cute this report as required by t	ve the same	a legal effect as if r	nade under oath: t	Florida Statutes hat I am a Gene	I further certi ral Partner of	ify that the limi	the information ted partnership
SIGNAT	URE: Min	/ Ro	bert	D. Cori	na APR	1 0 2006	(239)	26	1-4455