2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006				Secretary of State	
DOCUMENT # A33389				Secre	ctary of State
1. Entity Nam SARASO	¹⁹ TA TRUST CENTER, LTD.	·-			
Principal Place of Business Mailing Address 640 SOUTH WASHINGTON BLVD., #200 SARASOTA, FL 34236 SARASOTA, FL 34236					
DO NOT WOITE IN THIS COASE				02202008 No Chg-LP	CR2E003 (11/05)
DO NOT WRITE IN THIS SPAC			NCE.	4. FEI Number 65-0354128	Applied For Not Applicab
				5. Certificate of Status Desired	\$0.75 Additional
	6. Name and Address of Curren	Registered Agent	7	<u> </u>	1 so i nequiles
	CRISSY, BRUCE M., JR.			DO NOT W	/RITE
640 S. WASHINGTON BLVD. SARASOTA, FL 34236				IN THIS S	
					TO E
	named entity submits this statement I lions of registered agent.	or the purpose of changing its regist	} ered office or register	ed agent, or both, in the State of F	Porlda. I am lamiliar with, and accept
SIGNATURE	Signature, typed or printed name of registered age:	Post litte if south artis			DATE
		WIII FEE IS \$500.00			J. T. C.
	After May 1, A GENERAL PARTNER	2006, Fee will be \$900.00 THAT IS A BUSINESS ENTITY AY NOT be changed on the for	MUST BE REGIST	TERED AND ACTIVE WITH T	HIS OFFICE.
12.	GENERAL PARTNE				
DOCUMENT # NAME	V61867 SARASOTA TRUST CORP.				
STREET ADDRESS CITY-S1-ZIP	640 S. WASHINGTON BLVD. SARASOTA, FL 34236	- I			
DOCUMENT /	SAROASOTA, PL 34236				
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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 eath; that I am a General Pariner of the limited partnership or the receiver or trustee emprowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE;

DOCUMENT # STITLET ADDRESS

SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING GENERAL PARTNER