## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Mar 06, 2006 08:00 AM DOCUMENT # A93000000939 **Secretary of State** 1. Entity Name SU CASA, LTD. Principal Place of Business Mailing Address 7900 GLADES ROAD, SUITE 600 7900 GLADES ROAD, SUITE 600 BOCA RATON, FL 33434 BOCA RATON, FL 33434 01062006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0436430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent TOPPEL, JONATHAN ESQ. DO NOT WRITE 7900 GLADES ROAD, SUITE 600 BOCA RATON, FL 33434 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. U00000455<u>?2</u>6 <del>03/15/06-8007[]<sub>E</sub>005-500**.0**0</del>--Signature, typed or printed name of registered agent and file it applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # S51867 NAME TOPP-HILL FARMS, INC. 7900 GLADES ROAD, SUITE 600 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS

14. I hereby certify that the Information supplied with this filling does not quality 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: \( \struct \)

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Michael Toppel 3/2/66 561-451-4696