

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:35

DOCUMENT # A93000000965

1. Entity Name
 T.S. MARGATE CO., LTD.



Principal Place of Business
 21301 POWERLINE RD., STE. 312
 BOCA RATON, FL 33433

Mailing Address
 C/O SOUTHERN MANAGEMENT & DEV., LP
 P.O. BOX 11229
 KNOXVILLE, TN 37939

2. Principal Place of Business
 925 SOUTH FEDERAL HTGHWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 425

BOCA RATON, FL

City & State

03132006 Chg-LP CR2E003 (11/05)

4. FEI Number
 65-0437957

Applied For
 Not Applicable

Zip
 33432

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFFORD L. WALTERS
 802 11TH STREET WEST
 BRADENTON, FL 34205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

DATE

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 # P94000085839
 NAME MARGATE CORPORATE, INC.
 STREET ADDRESS 21301 POWERLINE RD., STE. 312
 CITY-ST-ZIP BOCA RATON, FL 33433

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP 925 SOUTH FEDERAL HIGHWAY, SUITE 425
 BOCA RATON, FL 33432

DOCUMENT #
 NAME
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

300072327513
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STREET ADDRESS
 CITY-ST-ZIP

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

John Levin, Treasurer

3/24/06

(865) 584-4175

Date

Daytime Phone #

STAPLE CHECK HERE