

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000001187

1. Entity Name
 ABDONEY ENTERPRISES, LTD.



Principal Place of Business
 1913 OAKMONT AVENUE
 TAMPA, FL 33629

Mailing Address
 1913 OAKMONT AVENUE
 TAMPA, FL 33629



03202006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3211125 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ABDONEY, MICHAEL O
 1913 OAKMONT AVENUE
 TAMPA, FL 33629

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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
	ABDONEY, MICHAEL O	1913 OAKMONT AVENUE	TAMPA, FL 33629
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	ABDONEY, REBECCA A	1913 OAKMONT AVENUE	TAMPA, FL 33629
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

U00000496632
 04/22/06-80023-006 500.00

**DO NOT WRITE
 IN THIS SPACE**

STAPLE CHECK HERE

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: *Michael O. Abdoney* Date: *3/24/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Michael O. Abdoney

Daytime Phone #