

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:14

DOCUMENT # A93000001416

1. Entity Name
 NICHOLS ASSOCIATES, LTD.



Principal Place of Business
 4907 SE 51ST STREET
 DAVIE, FL 33314

Mailing Address
 4907 SE 51ST STREET
 DAVIE, FL 33314

2. Principal Place of Business
 6351 W HWY 329
 Suite, Apt. #, etc.

3. Mailing Address
 7963 SE 12th Circle
 Suite, Apt. #, etc.



03202006 Chg-LP CR2E003 (11/05)

City & State
 Reddick, FL

City & State
 Ocala, FL

4. FEI Number
 65-0475639

Applied For
 Not Applicable

Zip
 32686

Country
 USA

Zip
 34480

Country
 USA

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

6. Name and Address of Current Registered Agent

NICHOLS, BILL
 4907 SE 51ST STREET
 DAVIE, FL 33314

7. Name and Address of New Registered Agent

Name
 Bill Nichols

Street Address (P.O. Box Number is Not Acceptable)
 7963 SE 12th Circle

City
 Ocala

FL

Zip Code
 34480

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

Billy J. Nichols

3-28-06

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 #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 NICHOLS, BILLY J
 2 FIESTA WAY
 FORT LAUDERDALE, FL 33301

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP
 7963 SE 12th Circle
 Ocala, FL 34480

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

600072407516
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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

Billy J. Nichols

BILLY J. NICHOLS

3-28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE