

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 11:11

DOCUMENT # A94000001061

1. Entity Name
 A TO Z VENTURES, LTD.



Principal Place of Business
 4401 N. FEDERAL HIGHWAY, SUITE 204
 BOCA RATON, FL 33431

Mailing Address
 4401 N. FEDERAL HIGHWAY, SUITE 204
 BOCA RATON, FL 33431

2. Principal Place of Business

5700 Lake Worth Rd

Suite, Apt. #, etc.

Ste 305

City & State

Lake Worth, FL

Zip

33463

Country

US

3. Mailing Address

5700 Lake Worth Rd

Suite, Apt. #, etc.

Ste 305

City & State

Lake Worth FL

Zip

33463

Country

US

03312006

Chg-LP

CR2E003 (11/05)

4. FEI Number

65-0521312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMES, RONALD
 4401 N. FEDERAL HIGHWAY, SUITE 204
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 # P94000056020
 NAME A TO Z VENTURES A, INC.
 STREET ADDRESS 17221 HAMPTON BLVD.
 CITY-ST-ZIP BOCA RATON, FL 33496

DOCUMENT # P94000056016
 NAME A TO Z VENTURES D, INC.
 STREET ADDRESS 4295 N.W. 67TH WAY
 CITY-ST-ZIP CORAL SPRINGS, FL 33067

DOCUMENT # P94000056023
 NAME A TO Z VENTURES Z, INC.
 STREET ADDRESS 4756 S.W. 72ND AVENUE, SUITE 402
 CITY-ST-ZIP FORT LAUDERDALE, FL 33309

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS 6205 NW 97th Ave
 CITY-ST-ZIP Parkland, FL 33076

STREET ADDRESS
 CITY-ST-ZIP Davie, FL 33314

STREET ADDRESS
 CITY-ST-ZIP 800071642988
 04/24/06--01064--014 **500.00

STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/06 561-296-5152

Date

Daytime Phone #

STAPLE CHECK HERE