
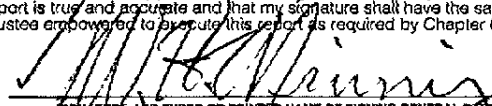


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

|  |                        |         |  |   |                 |
|--|------------------------|---------|--|---|-----------------|
| <b>DOCUMENT # A94000001630</b>   |                        |         |  |  |                 |
| 1. Entity Name<br><b>MINNIX, LTD.</b>  |                        |         |  |   |                 |
| Principal Place of Business<br><b>7485 S.W. 122ND STREET<br/>MIAMI, FL 33156</b>   |                        |         | Mailing Address<br><b>PO BOX 127<br/>COOEE, TN 37361</b> |   |                 |
| 2. Principal Place of Business   |                        |         | 3. Mailing Address                                       |   |                 |
| Suite, Apt. #, etc.  |                        |         | Suite, Apt. #, etc.                                      |   |                 |
| City & State   |                        |         | City & State   |   |                 |
| Zip  |                        | Country | Zip  |   | Country         |
| 6. Name and Address of Current Registered Agent  |                        |         |  | 7. Name and Address of New Registered Agent                                       |                 |
| <b>MINNIX, WILLIAM H<br/>7485 S.W. 122ND STREET<br/>MIAMI, FL 33156</b>  |                        |         |  | Name  |                 |
|  |                        |         |  | Street Address (P.O. Box Number is Not Acceptable)                                |                 |
|  |                        |         |  | City  |                 |
|  |                        |         |  | <b>FL</b> 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: _____   |                        |         |  | DATE _____  |                 |
| Signature, typed or printed name of registered agent and title if applicable   |                        |         |  |   |                 |
| <b>FILE NOW!!! FEE IS \$500.00<br/>After May 1, 2006, Fee will be \$900.00</b>   |                        |         |  |   |                 |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                        |         |  |   |                 |
| 12. GENERAL PARTNER INFORMATION  |                        |         | 13. ADDRESS CHANGES ONLY                                 |   |                 |
| DOCUMENT #   | P94000010546           |         | STREET ADDRESS   |   |                 |
| NAME   | MINNIX NURSERY, INC.   |         | CITY-ST-ZIP  |   |                 |
| STREET ADDRESS   | 7485 S.W. 122ND STREET |         |  | U00000505841<br>04/26/06-80134-008 500.00   |                 |
| CITY-ST-ZIP  | MIAMI, FL 33156        |         |  |   |                 |
| DOCUMENT #   |                        |         | STREET ADDRESS   |   |                 |
| NAME   |                        |         | CITY-ST-ZIP  |   |                 |
| STREET ADDRESS   |                        |         |  |   |                 |
| CITY-ST-ZIP  |                        |         |  |   |                 |
| DOCUMENT #   |                        |         | STREET ADDRESS   |   |                 |
| NAME   |                        |         | CITY-ST-ZIP  |   |                 |
| STREET ADDRESS   |                        |         |  |   |                 |
| CITY-ST-ZIP  |                        |         |  |   |                 |
| DOCUMENT #   |                        |         | STREET ADDRESS   |   |                 |
| NAME   |                        |         | CITY-ST-ZIP  |   |                 |
| STREET ADDRESS   |                        |         |  |   |                 |
| CITY-ST-ZIP  |                        |         |  |   |                 |
| DOCUMENT #   |                        |         | STREET ADDRESS   |   |                 |
| NAME   |                        |         | 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:    |                        |         | 3/16/06  |   | (305) 274-1200  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                        |         | Date   |   | Daytime Phone # |



01172006 Chg-LP CR2E003 (11/05)

4. FEI Number **65-0536971** Applied For Not Applicable

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

STAPLE CHECK HERE