2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

FILED Feb 13, 2006 08:00 AM Secretary of State

1. Enity Name THONSSEN FAMILY, LTD.						
Principal Place of Business Mailing Address C/O MACLEAN AND EMA 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062 Mailing Address C/O MACLEAN AND EMA 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062						
	٠		Page Name of Against A	*		
DO NOT WRITE IN THIS SPACE				01112006 No Chg-LP		
D	DO NOT WRITE IN THIS S			CE	4. FEI Number Applied For 65-0540478 Not Applied by	
			Mailing Address C/O MACLEAN AND EMA 2600 NR 141 STREET CAUSENAY POMPANO BEACH, FL 33062 EIN THIS SPACE O1112006 No Chg-LP CR26003 (11/05) 4. FEI Number 65-0540478 S. Certificate of Status Desired S. Certificate of Status Desired TRegistered Agent DO NOT WRITE IN THIS SPACE Of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accordance of the florida of th			
6. Name and Address of Current Registered Agent						
SCOTT, W THORNTON ESQ. C/O MACLEAN AND EMA					DO NOT WRITE	
2600 NE 1	2600 NE 14TH STREET CAUSEWAY POMPANO BEACH, FL 33062					
POMPANÇ	DEAC	n, FL 33002			iii iiio oi itoz	
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					
After May 1, 2006, Fee will be \$900.00						
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.						
12.	}	GENERAL PARTNER INFORM	ATTON			
NAME		ER, ROBERTA L	{			
STREET ABORESS Chty-St-Zip	1	RY RUN VIEW LANE NAT1, OH 45244	}		U00000433209	
DOCUMENT #		····	}		02/24/86-80008-008 580,00	
NAME STREET ADDRESS	•		}			
CITY-ST-ZIP	<u> </u>					
DOCUMENT / NAME			<i></i>			
STREET ADDRESS		• .			DO NOT WRITE	
DOCUMENT #					IN THIS SPACE	
NAME		,				
STREET ADDRESS CITY-ST-ZIP						
DOCUMENT	ļ ——— —		}			
name Street address		T.				
C/TY-ST-Z/P	<u> </u>	·	_			
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STREET AODRESS		; }				
City-St-ZiP	certify the	the information summitted with this filing	does not qualify for the e	xemplions contains	ed in Chapter 119. Florida Statutes, I further certify that the information	
14. It 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 it made under oath, that I am a General Partner of the limited partnership or the receiver or nuistee empowered to execute this report as required by Chapter 620. Florida Statutes						