

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:36

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A94000001820	
1. Entity Name FLORIDA OPPORTUNITY INCOME PARTNERS, LTD.	



Principal Place of Business 5312 SPRING HILL DRIVE SPRING HILL, FL 34606	Mailing Address 5312 SPRING HILL DRIVE SPRING HILL, FL 34606
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2. Principal Place of Business 109 W. Commercial St Suite, Apt. #, etc.	3. Mailing Address 109 W. Commercial St Suite, Apt. #, etc.
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04252006 Chg-LP CR2E003 (11/05)

City & State Sanford FL	City & State Sanford, FL
Zip 32771	Country

4. FEI Number 59-3285270	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTERED CORPORATE AGENTS, INC. 612 S. MLK JR. AVE. CLEARWATER, FL 33756

7. Name and Address of New Registered Agent Name Baecap Reality Services Group INC Street Address (P.O. Box Number is Not Acceptable) 109 W. Commercial Street City Sanford FL Zip Code 32771
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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 <u>J. Stephen Miller</u> V.P.	DATE <u>4-25-06</u>

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00
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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 #	P94000086918
NAME	BARON CAPITAL III, INC.
STREET ADDRESS	15855 FARMINGTON ROAD
CITY-ST-ZIP	LIVONIA, MI 48154
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	109 W. Commercial Street
CITY-ST-ZIP	Sanford, FL. 32771
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300075019733
CITY-ST-ZIP	05/22/06--01021--023 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
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: <u>J. Stephen Miller</u>	DATE: <u>4-25-06</u>	DAYTIME PHONE: <u>407 688 7362</u>
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STAPLE CHECK HERE