

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000293

1. Entity Name
EL OPTIMO LIMITED PARTNERSHIP



Principal Place of Business
% DAVID G. ARMSTRONG
4600 N. OCEAN BLVD., #206
BOYNTON BEACH, FL 33435

Mailing Address
% DAVID G. ARMSTRONG
4600 N. OCEAN BLVD., #206
BOYNTON BEACH, FL 33435



01202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3375210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A C S. HAGEN, INC.
4600 N. OCEAN BLVD., #206
BOYNTON BEACH, FL 33435

**DO NOT WRITE
IN THIS SPACE**

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

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 #	P95000006910
NAME	A.C.S. HAGEN, INC.
STREET ADDRESS	4600 N. OCEAN BLVD. #206
CITY-STATE-ZIP	BOYNTON BEACH, FL 33435

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U00000563540
05/20/06-80016-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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.

BY: LYNN S. YOUSE, PRESIDENT, A.C.S. HAGEN, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #