2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000001263

1. Entity Name

MALEY FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
27 SAN MARCO AVENUE ST. AUGUSTINE FL 32084	3434 RAULERSON ROAD ST. AUGUSTINE FL 32092

1st MOORE CR2E003 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3331381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEEK, DAVID H 1301 RIVERPLACE BLVD., SUITE 1609 JACKSONVILLE FL 32207	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	477166	STREET ADDRESS	
NAME	L SQUARED INDUSTRIES, INC.		
STREET ADDRESS	3434 RAULERSON ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092		
DOCUMENT #		STREET ADDRESS	
NAME			
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02/02/06-80069-005 500.00

STAPLE CHECK HERE

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: ______________________