


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 10 AM 10:31

DOCUMENT # A95000001827					
1. Entity Name TS PIERCE SC CO., LTD.					
Principal Place of Business 21301 POWERLINE ROAD, #312 BOCA RATON, FL 33433			Mailing Address P.O. BOX 11229 KNOXVILLE, TN 37939		
2. Principal Place of Business 925 SOUTH FEDERAL HIGHWAY			3. Mailing Address		
Suite, Apt. #, etc. SUITE 425			Suite, Apt. #, etc.		
City & State BOCA RATON, FL			City & State		
Zip 33432			Country		
Country			Zip		
Country			Country		
4. FEI Number 59-3344432			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLIFFORD L. WALTERS 802 11TH STREET WEST BRADENTON, FL 34205			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000090053		STREET ADDRESS	925 SOUTH FEDERAL HIGHWAY, SUITE 425	
NAME	TS PIERCE CORP.		CITY-ST-ZIP	BOCA RATON, FL 33432	
STREET ADDRESS	21301 POWERLINE ROAD, #312				
CITY-ST-ZIP	BOCA RATON, FL 33433				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			000072361100 04/27/06-01029-012 **500.00		
CITY-ST-ZIP					
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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: _____			Date: 3/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #: (865) 584-4175		

STAPLE CHECK HERE