

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A96000000446

1. Entity Name  
MERCADITA LIMITED PARTNERSHIP



Principal Place of Business  
ONE NORTH CLEMATIS STREET, 2ND FLOOR  
WEST PALM BEACH, FL 33401

Mailing Address  
P.O. BOX 3435  
WEST PALM BEACH, FL 33402



**DO NOT WRITE IN THIS SPACE**

04282006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
65-0804903

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KLOCK, JOSEPH P JR.  
200 SOUTH BISCAYNE BLVD, SUITE 4000  
MIAMI, FL 33131-2398

**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

Signature, typed or printed name of registered agent and file if applicable.

DATE

**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 # P96000020621  
NAME MERCADITA MANAGEMENT COMPANY  
STREET ADDRESS ONE NORTH CLEMATIS STREET, 2ND FLOOR  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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000000557754  
05/17/06-80062-018 500.00

**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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE