


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:44

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A96000000526 1. Entity Name FLORDECO, LTD.	
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Principal Place of Business 8359 BEACON BLVD FT. MYERS, FL 33907	Mailing Address P.O. BOX 6966 FORT MYERS, FL 33911
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2. Principal Place of Business	3. Mailing Address 8359 BEACON BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FT MYERS, FL
Zip	Country
33907	LEE



04252006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0671467	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRONIN, THOMAS R SR. 8359 BEACON BLVD FT. MYERS, FL 33907	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

000075012320
05/22/06--01004--002 **\$08.75
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000081349 INVESTORS TRUST, INC. 8359 BEACON BLVD FT. MYERS, FL 33909	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	

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: ALLANE FOX PRES 4/25/06 239-425-2654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #