2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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FILED
Mar 21, 2006 08:00 Al
Secretary of State

561-

330-3336 Daytime Phone #

				Secretary of Stat	
DOCÛMENT # A9600000858			S	. 56	Cretary of Stat
1. Entity Nam					
1800 LAKE 1	ce of Business DRIVE ICH, FL 33444	Mailing Address 1800 LAKE DRIVE DELRAY BEACH, FL 33444	 		
D	O NOT WRITE		CE	03162006 No Chg-LP 4. FEI Number 65-0674260 5. Cartificate of Status Desired	CR2E003 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	-		the second secon
SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD, SUITE 302E BOCA RATON, FL 33431				DO NOT W IN THIS SE	
8. The above the obligat	named entity submits this statement for titions of registered agent.	ne purpose of changing ils register	ed office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent and	litta d'amatrable			DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00				110000 04706709	0476256 :-80003-002 500 00
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY M NOT be changed on the form	IUST BE REGIST	ERED AND ACTIVE WITH TH	IS OFFICE.
12.	GENERAL PARTNER I				The second secon
DOCUMENT # NAME STREET ADDRESS CITY - ST - DP DOCUMENT # NAME STREET ADDRESS	VECCIA, JOSEPH W JR. 1800 LAKE DRIVE DELRAY BEACH, FL 33444 VECCIA, MARY 1800 LAKE DRIVE	440.00	. -		· · · · - · · · ·
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH, FL 33444			DO NOT WE	RITE
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DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			•		
DOCUMENT A NAME STREET ADDRESS			•		

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER