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

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001045

1. Entity Name

NASSAU BAY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1312 LAUREL POINT CIRCLE HARRISBURG PA 17110	1312 LAUREL POINT CIRCLE HARRISBURG PA 17110

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 25-1789626 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARMICHAEL, KEVIN ESQUIRE
19495 BISCAYNE BLVD., SUITE 606
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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 #	GP9600000328	STREET ADDRESS	
NAME	AIM		
STREET ADDRESS	2525 NORTH SEVENTH STREET	CITY-ST-ZIP	U00000479424 04/10/06-80003-008 500.00
CITY-ST-ZIP	HARRISBURG PA 17110		
DOCUMENT #		STREET ADDRESS	
NAME	SCHWAB, ISRAEL		
STREET ADDRESS	1312 LAUREL POINT CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	HARRISBURG PA 17110		
DOCUMENT #		STREET ADDRESS	
NAME			
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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: Michael Bolsuvos, GP AIM 3/20/06