

**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	
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Principal Place of Business 1312 LAUREL POINT CIRCLE HARRISBURG PA 17110	Mailing Address 1312 LAUREL POINT CIRCLE HARRISBURG PA 17110
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E003 (10/05)

4. FEI Number 25-1789626	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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.

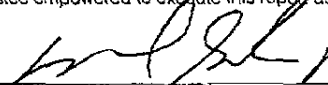
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

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 # NAME STREET ADDRESS CITY-ST-ZIP	GP9600000328 AIM 2525 NORTH SEVENTH STREET HARRISBURG PA 17110	STREET ADDRESS CITY-ST-ZIP	000000479424 04/10/06-80003-008 Snn.mn
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHWAB, ISRAEL 1312 LAUREL POINT CIRCLE HARRISBURG PA 17110	STREET ADDRESS CITY-ST-ZIP	
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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 Roberts, GP AIM** **3/20/06**

STAPLE CHECK HERE