
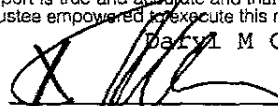


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001136			
1. Entity Name 1560 N. ORANGE, LTD.			
Principal Place of Business 3333 S. ORANGE AVE STE. 200 ORLANDO FL 32806-8500		Mailing Address P.O. 568821 ORLANDO FL 32856-8821	
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 59-3391419		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARTER, DARYL M 3333 S. ORANGE AVE, STE. 200 ORLANDO FL 32806-8500		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 #	P96000050552	STREET ADDRESS	
NAME	MAURY L. CARTER MANAGEMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	3333 S. ORANGE AVE, AVE. 200		
CITY-ST-ZIP	ORLANDO FL 32806-8500		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			
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: 		Apr 20 06 407/422-3144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1st MOORE CR2E003 (10/05)

4. FEI Number 59-3391419 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, DARYL M
3333 S. ORANGE AVE, STE. 200
ORLANDO FL 32806-8500

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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STREET ADDRESS 3333 S. ORANGE AVE, AVE. 200
CITY-ST-ZIP ORLANDO FL 32806-8500

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #