

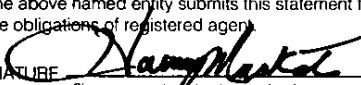



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A96000001567 1. Entity Name MDDS PARTNERSHIP, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 10 AM 11:17	
Principal Place of Business 16302 NW 90TH STREET ALACHUA, FL 32615				Mailing Address 16302 NW 90TH STREET ALACHUA, FL 32615			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country					
				03302006 Chg-LP CR2E003 (11/05)			
				4. FEI Number 59-3399547		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SINGER, MICHAEL A 16302 NW 90TH STREET ALACHUA, FL 32615				7. Name and Address of New Registered Agent Name Harvey Muskat, CPA Street Address (P.O. Box Number is Not Acceptable) 3225 Aviation Ave Suite 500 City Miami FL Zip Code 33133			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/4/06			
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 # P96000069756 NAME MAS OF CENTRAL FLORIDA, INC. STREET ADDRESS 16302 NW 90TH STREET CITY-ST-ZIP ALACHUA, FL 32615				STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS 700072326257 CITY-ST-ZIP 04/27/06--01021--015 **500.00			
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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:  - Pres. MAS of Central Fla, INC. 3/31/06 386-462-2953 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>							

STAPLE CHECK HERE