## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Jan 18, 2006 08:00 AM Secretary of State **DOCUMENT # A96000002088** 1. Entity Name LIME STREET LTD. Principal Place of Business Mailing Address 121 ALHAMBRA PLAZA 121 ALHAMBRA PLAZA PENTHOUSE 1 SUITE 1600 PENTHOUSE 1 SUITE 1600 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0715318 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent RENTZ, R. LARRY DO NOT WRITE 121 ALHAMBRA PLAZA PENTHOUSE 1 SUITE 1600 IN THIS SPACE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title if applicable. DATE 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. GENERAL PARTNER INFORMATION 12. P16775 DOCUMENT # HAMMOND VENTURE, INC. NAME STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600 1300000390309 City-ST-ZIF CORAL GABLES, FL 33134 01/23/06-80021-018 500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIE DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP ODCUMENT #

14. I hereby certify that the information supplied with this filling does not cuildlify 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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

LYMAN MARTYN

HAMMOND VENTURE, INC 1/6/06