2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED \mathbf{A}

Due By May 1, 2006				May 01, 2006 08:00		
1. Entity Nam	MENT # A9600000 N ^o s plaza, ltd.	2259		Šed	cretary of State	
1	ce of Business PREY AVE., SUITE 200 FL 34239	Mailing Address P.O. BOX 1329 SARASOTA, FL 34230				
DO NOT WRITE IN THIS SPA				03082006 No Chg-LP	CR2E003 (11/05)	
			CE	4. FEI Number 65-0713845	Applied For Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent				
MCGINNESS, W. LEE 1800 SECOND STREET, SUITE 971 SARASOTA, FL 34236			DO NOT WRITE IN THIS SPACE			
	tions of registered agent.	for the purpose of changing its registe	red office or register	ed agent, or both, in the State of Fic		
	Signature, typed or printed name of registered age FILE NO After May 1,	m and the II applicable OWIII FEE IS \$500.00 2006, Fee will be \$900.00			DATE	
		THAT IS A BUSINESS ENTITY I				
12. OGCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		ER INFORMATION				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME		•	t	05/15/06- DO NOT WE IN THIS SPA		

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

STAPLE CHECK HERE

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #