


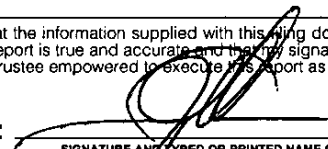
2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 2006 - PM 11:31 25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A97000000831					
1. Entity Name YBOR DISTRICT COOLING, LTD.					
Principal Place of Business 902 N HIMES AVENUE TAMPA, FL 33602			Mailing Address 902 N HIMES AVENUE TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3442363	
Zip		Country		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		
HIGHAM, FREDERICK A 4514 CENTRAL AVE ST PETERBURG, FL 33711			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P97000032710		STREET ADDRESS	902 North Himes Avenue	
NAME	YBOR DISTRICT COOLING, INC.		CITY-ST-ZIP	Tampa, FL 33609	
STREET ADDRESS	702 NORTH FREMONT STREET				
CITY-ST-ZIP	TAMPA, FL 33602				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
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: 		JAY ALLISON		04-11-06 813-877-8251	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE