


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000939 1. Entity Name MICHIGAN AVE COMMERCE CENTER LTD.	
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FILED
 SEC. OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 20 AM 10:45

Principal Place of Business 921 WEST EMMETT STREET KISSIMMEE, FL 34741	Mailing Address P.O. BOX 420521 KISSIMMEE, FL 34742-0521
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[Handwritten signature]



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0758464	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAND, RONALD M 921 WEST EMMETT STREET KISSIMMEE, FL 34741
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**DO NOT WRITE
 IN THIS SPACE**

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 \$500.00
 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	
DOCUMENT #	L19243
NAME	TRIGON ASSET MANAGEMENT CORP.
STREET ADDRESS	921 WEST EMMETT STREET
CITY-ST-ZIP	KISSIMMEE, FL 34741
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600066803796
 02/28/06--01022--002 **500.00

**DO NOT WRITE
 IN THIS SPACE**

STAPLE CHECK HERE

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 *[Handwritten Signature]* **2.1.06** **407.846.6133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #