2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A97000001141

1. Entity Name 3363 SEDGWICK MORTGAGE HOLDINGS LTD.



FILED Feb 20, 2006 08:00 AM **Secretary of State**

Principal Place of Business

% WILLIAM SHERRY 700 S. OCEAN BLVD., SUITE 401 BOCA RATON, FL 33432

Mailing Address

% WILLIAM SHERRY 700 S. OCEAN BLVD., SUITE 401 BOCA RATON, FL 33432



DO NOT WRITE IN THIS SPACE

01132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0763827

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

b. Name and Address of Current Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION, FL 33324		DO NOT WRITE IN THIS SPACE
	e named entity submits this statement (or the purpose of changing its toons of registered agent.	registered office or registered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE		<u>U00000440709</u>
	Signature, typed or printed name of registered agent and life it applicable.	03/03/06-8008/7-006 508 7 5
FILE NOWIII 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	
OCCUMENT #	M97000000287	***
NAME	3363 SEDGWICK MORTGAGE LLC	
STREET ADDRESS	1700 W 93RD TERR	
City-S1-ZiP	PLANTATION, FL 33322	
OCCUMENT #	_	· · · · · · · · · · · · · · · · · · ·
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STREET ADDRESS CITY-ST-ZIP DOCUMENT F NAME STREET ADDRESS CATY-ST-ZIP

DOCUMENT F NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 f 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 PARTHER

Care

(914) 793-1793

Daytime Ptusie #