2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001394

1. Entity Name
LOOSE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
482 JACKSONVILLE DR. JACKSONVILLE BEACH, FL 32250	482 JACKSONVILLE DR. JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

01232006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-3453458
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURAK, RONNIE
482 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

6. 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.

000000431375
02/24/06-80060-003 500.00

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 #	P97000055729
NAME	LOOSE ASSOCIATES, INC.
STREET ADDRESS	482 JACKSONVILLE DR.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
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DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: Ronnie L Burak Ronnie L. Burak 2/9/06 (904) 247-75

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