2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A97000001409

1. Entity Name HAILE UNIT 17, LTD.



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business 2117 SECOND AVE N BIRMINGHAM, AL 35203 Mailing Address 2117 SECOND AVE N BIRMINGHAM, AL 35203



DO NOT WRITE IN THIS SPACE

04282006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3454140

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SALTER, JAMES D 703 N.E. FIRST STREET GAINESVILLE, FL 32601

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot the obligations of registered agent.	h, In the State of Florida. I am familiar with, and accept	
SIGNATURE		
Signature, typed or printed name of registered agent and fille if applicable.	DATE	

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
STAPLE CHECK HERE	DOCUMENT #	M05000000054
	NAME	THE LINKS, LLC
	STREET ADDRESS	2117 SECOND AVENUE NORTH
	CITY-ST-ZIP	BIRMINGHAM, AL 35203
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	City-St-Zip	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT#	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
	DOCUMENT #	
	NAME	
	STREET ADDRESS	

U00000553716 05/15/06-80061-017 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling does not qualify to 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/06

205-338 9600

Daytime Phone #