


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001602			
1. Entity Name MANISCALCO LADY LAKE LTD.			
Principal Place of Business 2295 NW CORPORATE BLVD SUITE 135 BOCA RATON FL 33431		Mailing Address 2295 NW CORPORATE BLVD SUITE 135 BOCA RATON FL 33431	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 65-0776804	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANET, LLOYD ESQ. 2295 NW CORPORATE BLVD., STE. 235 BOCA RATON FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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			



1st MOORE CR2E003 (10/05)

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P97000054518		STREET ADDRESS	
NAME	PD LADY LAKE, INC.		CITY-ST-ZIP	
STREET ADDRESS	2295 NW CORPORATE BLVD. #135			
CITY-ST-ZIP	BOCA RATON FL 33431			
DOCUMENT #			STREET ADDRESS	000000433333
NAME			CITY-ST-ZIP	02/24/06-80013-020 500.00
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				

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: *Rosemary Maniscalco* Rosemary Maniscalco

2/7/06 (561) 994-2789