2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

DOCUMENT # A9700001729 1. Entity Name COLONIAL & METRO, LTD.					06 FFR 2	DELECTION STATE OF MICHS OF AM 10: 53	
Principal Place 837 NORTH (ORLANDO, FL	GARLAND AVENUE	Mailing Address 204 E. 17TH STREET, SUITE 202 COSTA MESA, CA 92627					
2. Principal Place of Business 204 E. 17th Street		3. Mailing Address					
Suite, Apt. #, etc. Suite 202 City & State		Suite, Apt. #, etc. City & State		01092006 Chg-LP 4. FEI Number	CR2E003 (11/05) Applied For		
Costa Nesa, CA Zip Country		Zip	Country		59-3462362 5. Certificate of Status Des	Not Applicable ired \$8.75 Additional	
9262	7 USA 6. Name and Address of Current	Registered Agent			7. Name and Address of N	Fee Required	
v. Name and Address of Current Ne		rgistered Agent		Name	7. Name and Address of F	Tegratered agent	
DECUBELLIS & MEEKS PROFESSIONAL ASSOC. 837 NORTH GARLAND AVENUE ORLANDO, FL 32801				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 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 12. GENERAL PARTNER INFORMATION 13.						e a general partner. S CHANGES ONLY	
DOCUMENT #	P97000069115				ADDITED	3 OFFICE OFFI	
NAME STREET ADDRESS	METRO PARKWAY LEE COUNT 10933 84TH PLACE NE	ETRO PARKWAY LEE COUNTY, INC.		T ADDRESS			
CITY-ST-ZIP	IRKLAND, WA 98034		CITY-S	ST-ZIP	900066799989 		
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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							

2-2-06

towen A. Dungert
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER