

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A97000001731**

1. Entity Name  
 1725 MLK LIMITED PARTNERSHIP



Principal Place of Business  
 1725 W. DR. MARTIN LUTHER KING JR. BLVD  
 TAMPA, FL 33607

Mailing Address  
 1725 W. DR. MARTIN LUTHER KING JR. BLVD  
 TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FINANCIAL ANALYSIS AND REPORTS, INC.  
 1725 W DR M.L. KING BLVD  
 TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**

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.

**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 #	S45452
NAME	FINANCIAL ANALYSIS AND REPORTS, INC.
STREET ADDRESS	1725 W. DR. MARTIN LUTHER KING JR. BLVD
CITY - ST - ZIP	TAMPA, FL 33607
DOCUMENT #	
NAME	
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**100075016291**  
 05/22/06--01017--005 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

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: Bob Wall, Pres Date: 4/30/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**FILED**  
 06 MAY -1 PM 12:34  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



04302006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3462267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

STAPLE CHECK HERE