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

STAPLE CHECK HERE

SIGNATURE:

DOL DI MAI 1, 2000						
DOCUMENT # A97000001916 1. Entity Name					FILED	
DOJESTDA LIMITED PARTNERSHIP					06 MAY - 1 AM '8: 42	
Principal Place of Business Mailing Add		Mailing Address	ing Address		SECRETARY OF STATE	
1820 RINGLING BLVD. SARASOTA FL 34236		2198 PRINCETON ST., #20 SARASOTA FL 34237			TALLAHASSEE FLORIDA	
2. Principal Place of Business		3. Mailing Address 4920 Fruitville Road		Road		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· -	1st MOORE CR2E003 (10/05)	
City & State		Cily & State Sarasota, Fl			4. FEI Number Applied For Not Applicable	
Zip	Country	3423.2	Sar	asota	- 5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current F	legistered Agent	<u> </u>		7. Name and Address of New Registered Agent	
•				Name		
HANKIN, LAWRENCE M ESQ 1820 RINGLING BLVD. SARASOTA FL 34236				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						
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						
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT #			STRE	EET ADDRESS		
STREET ADDRESS	ROBERT L. KANTOR, TRUSTEE		ļ	ļ		
CITY-S1-ZIP	SARASOTA FL 34239		CITY	-ST-ZIP		
DOCUMENT /	RONA E. KANTOR, TRUSTEE		STRE	TET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	S 2111 BEE RIDGE ROAD SARASOTA FL 34239		CITY	-ST-ZIP	300075020473 05/22/0601025007 **\$00.00	
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STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
DOCUMENT #			STRI	EET ADDRESS		
STREET ADDRESS CITY-S1, ZIP			CHTY	-ST-ZIP		
BOCUMILITY NAME			SIRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP		
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 receivor or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Object

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