


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 8:59

DOCUMENT # A97000002022	
1. Entity Name STEPELTON PARTNERS LIMITED	

Principal Place of Business 2395 S.E. 8TH STREET POMPANO BEACH, FL 33062	Mailing Address 2395 S.E. 8TH STREET POMPANO BEACH, FL 33062
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2. Principal Place of Business 5110 N. Federal Hwy Suite, Apt. #, etc. Ste. 100 City & State Ft. Lauderdale FL Zip 33308 Country Broward	3. Mailing Address 5110 N. Federal Hwy Suite, Apt. #, etc. Ste. 100 City & State Ft. Lauderdale, FL Zip 33308 Country Broward
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01262006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0784566	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A P.A. 2300 GLADES ROAD, SUITE 302E 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
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000080245 STEPELTON ADVISORS, INC. 5110 N. FEDERAL HWY., STE. #100 FORT LAUDERDALE, FL 33308	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000069929548 04/10/06--01027--014 **500.00
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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

SIGNATURE: Brian Stepelton 3/14/06 954-776-3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE