


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

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002107	
1. Entity Name MELODY LANE PARTNERS, LTD.	

Principal Place of Business 350 MELODY LANE CASSELBERRY FL 32707	Mailing Address P.O. BOX 940877 MAITLAND FL 32794-0877
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CRZE003 (10/05)

4. FEI Number 59-7106591	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 SCHIEFERDECKER, HOWARD A 1605 KING ARTHUR CIRCLE MAITLAND FL 32751	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

Signature, typed or printed name of registered agent and title if applicable

DATE

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 # L28451	NAME SDP INVESTMENTS, INC.	STREET ADDRESS	
STREET ADDRESS 1605 KING ARTHUR CIRCLE		CITY-ST-ZIP	
CITY-ST-ZIP MAITLAND FL 32751			
DOCUMENT # L79712	NAME SOS REALTY CORP.	STREET ADDRESS	
STREET ADDRESS 1605 KING ARTHUR CIRCLE		CITY-ST-ZIP	
CITY-ST-ZIP MAITLAND FL 32751			
DOCUMENT #	NAME	STREET ADDRESS	
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05/02/06-80007-005 500.00

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:

Howard Schieferdecker
HOWARD SCHIEFERDECKER

4/14/06

(907) 702-3131