

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

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000002552**

1. Entity Name  
**ITEC DEVELOPMENT LIMITED PARTNERSHIP**



Principal Place of Business  
**8544 COMMODITY CIRCLE  
ORLANDO, FL 32819**

Mailing Address  
**8544 COMMODITY CIRCLE  
ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3479411**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ALLEN DYER DOPPELT MILBRATH & GILCHRIST PA  
225 SOUTH ORANGE AVE., STE. 1401  
ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number, if applicable)

City

**DO NOT WRITE  
IN THIS SPACE**

**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.

DATE

**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 # **P97000092690**  
NAME **ITEC HOLDINGS, INC.**  
STREET ADDRESS **8544 COMMODITY CIRCLE**  
CITY-ST-ZIP **ORLANDO, FL 32819**

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STREET ADDRESS  
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

**000000468072**  
**03/24/06-80017-016 500.00**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**6 MAR 06 407 226 10200**

STAPLE CHECK HERE