


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 MAY -1 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A97000002787

1. Entity Name
MOSS ROAD PARTNERS, LTD.



Principal Place of Business 921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714	Mailing Address 921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 1180 Spring Centre S. Blvd. Suite, Apt. #, etc. Suite 102	3. Mailing Address 1180 Spring Centre S. Blvd. Suite, Apt. #, etc. Suite 102
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City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Country U.S.A.
Zip 32714	Country U.S.A.



04182006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3487781	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAFRENIERE, STEPHEN J
 921 DOUGLAS AVE., SUITE 200
 ALTAMONTE SPRINGS, FL 32714

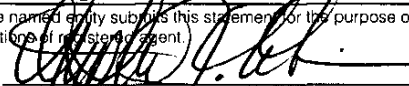
7. Name and Address of New Registered Agent

Name
LaFreniere, Stephen J.

Street Address (P.O. Box Number is Not Acceptable)
1180 Spring Centre S. Blvd.
Suite 102

City
Altamonte Springs FL Zip Code
32714

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  Stephen J. LaFreniere 4/19/06

DATE

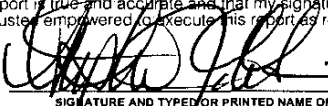
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000105203 MOSS ROAD OF CENTRAL FLA., INC. 921 DOUGLAS AVE., SUITE 200 ALTAMONTE SPRINGS, FL 32714	STREET ADDRESS CITY-ST-ZIP	1180 Spring Centre South Blvd. #102 Altamonte Springs, FL 32714
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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:  Stephen J. LaFreniere 4/19/06 (407) 586-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #