2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 06, 2006 08:00 AM Secretary of State

DOCUMENT # A97000002911	
1. Entity Name MCCOMAS GROUP, LTD.	



Principal Place of Business

9769 S. DIXIE HIGHWAY, SUITE 201 MIAMI, FL 33156

Mailing Address

ONE S.E. 3RD AVENUE, SUITE 2400 MIAMIL FL 33131



DO NOT WRITE IN THIS SPACE

03202006 No Chg-LP

CR2E003 (11/05)

4. FEi Number 65-0808678

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A., SUITE 2400 SUNTRUST INTNL. CEN. ONE S.E. 3RD AVE MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

		i e
the obliga	tions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and access UDCODO495734
SIGNATURE	Signature, typed or printed name of registered agent and their appricable	<u>04/21/06-80021-011_500.00</u>
	Ognetica, About the land of th	Unic
	FILE NOWII FEE IS \$500.00 After May 1, 2005, Fee will be \$900.	00
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the	TTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Torm; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT &	P97000105821	i i
NAML	DKM GROUP, INC.	
STREET ADDRESS	9769 S. DIXIE HIGHWAY, SUITE 103	į
Caly-SI-Zip	MIAMI, FL 33155	
DBCUMLNE #	THE PARTY OF THE P	<u>"</u>
MAME		<u> </u>
STREET ADDRESS		į
CITY-\$1-27P		į
DOCUMENT #		
NAME		
SIRLLI ADDRESS		I DO NOT WRITE
Chy-St-Dr		
ODGUMENT #		I IN THIS SPACE
NAMI.		
STREET ADDRESS		į
CHY-ST-ZIP		
DOCUM:N(#	•	
MAMI.		
STREET ALIGNOSS		į.
CITY-ST-ZIP		
DOCUMENT #		

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information inclicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520. Florida Statutes

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

Dayline Phone #