


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

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000329**

1. Entity Name  
**MSSE PARTNERSHIP, LTD.**



Principal Place of Business  
**1373 N.W. COCONUT POINT LANE**  
**STUART, FL 34994**

Mailing Address  
**1373 N.W. COCONUT POINT LANE**  
**STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**



01212006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-0810559</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ETTINGER, MARK P**  
**1373 N.W. COCONUT POINT LANE**  
**STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**

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

DOCUMENT #	<b>P98000008705</b>
NAME	<b>MSSE, INC.</b>
STREET ADDRESS	<b>1373 N.W. COCONUT POINT LANE</b>
CITY - ST - ZIP	<b>STUART, FL 34994</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 05/15/06-80089-023 500.00

STAPLE CHECK HERE

**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: Mark P. Ettinger **MARK P. ETTINGER** 4-27-06 772-781-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **K231**