

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:22

**DOCUMENT # A98000000441**

1. Entity Name  
 MICHIGAN AVENUE PARTNERS, LTD.



Principal Place of Business  
 951 NORTH LAKE SYBELIA DRIVE  
 MAITLAND, FL 32751

Mailing Address  
 951 NORTH LAKE SYBELIA DRIVE  
 MAITLAND, FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number  
 59-3609077

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TATICH, PHILIP  
 341 NORTH MAITLAND AVENUE, SUITE 340  
 MAITLAND, FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

1151 N. Orange Ave.

City Winter Park

FL

Zip Code 32789

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

3/10/06

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 # P98000015579  
 NAME MAP/OPL, INC.  
 STREET ADDRESS 951 NORTH LAKE SYBELIA DRIVE  
 CITY-ST-ZIP MAITLAND, FL 32751

STREET ADDRESS

800069069708

CITY-ST-ZIP

03/30/06 01067 004 \*\*500.00

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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

2/26/06

Date

Daytime Phone #

STAPLE CHECK HERE