

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000000446

1. Entity Name
 DALTON PLACE EQUITY ENTERPRISES, LTD.



Principal Place of Business
 12411 GROVEVIEW WAY
 SANFORD, FL 32772

Mailing Address
 4221 NORTH BUFFALO ST.
 ORCHARD PARK, NY 14127

FILED

06 MAY -1 PM 4:44

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-LP CR2E003 (11/05)

City & State

City & State

4. FEI Number
 58-2371917

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

GACIOH, WILLIAM T
 950 MONTGOMERY RD.
 ALTAMONTE SPRINGS, FL 32714

Name
 GACIOCH, WILLIAM T
 Street Address (P.O. Box Number is Not Acceptable)
 15101 QUAILS BLUFF CIRCLE
 City
 LAKE WALES FL Zip Code
 33853

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.

4/26/06
 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 # P98000015922
 NAME DALTON PLACE ENTERPRISES, INC.
 STREET ADDRESS 4221 NORTH BUFFALO STREET
 CITY-ST-ZIP ORCHARD PARK, NY 14127

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

900074637799
 05/17/06--01004--025 **500.00

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 #

Michael T. Gacoch

4/25/06 (716) 662-0866

SEE FILE CHECK HERE