


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

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

<b>DOCUMENT # A98000001195</b>			
1. Entity Name <b>NITRAM PARTNERS, LTD.</b>			
Principal Place of Business <b>6465 SW 84 STREET MIAMI FL 33143</b>		Mailing Address <b>PO BOX 430340 MIAMI FL 33248-0340</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BURELL &amp; ASSOCIATES 6465 SW 84 STREET MIAMI FL 33143</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>04/20/06-80071-017 500.00</b>	



1st MOORE CR2E003 (10/05)

4. FEI Number **59-2746476** Applied For  
Not Applicable

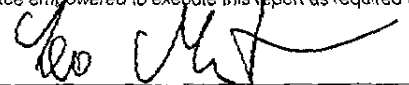
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	<b>P97000073872 NITRAM HOLDINGS, INC. 6465 SW 84 STREET MIAMI FL 33143</b>	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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:  **4/3/06**