


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

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

| | | | |
|---|---------|---|---------|
| DOCUMENT # A98000001195 | |  | |
| 1. Entity Name NITRAM PARTNERS, LTD. | | | |
| Principal Place of Business 6465 SW 84 STREET MIAMI FL 33143 | | Mailing Address PO BOX 430340 MIAMI FL 33248-0340 | |
| 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 BURELL & ASSOCIATES 6465 SW 84 STREET MIAMI FL 33143 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ | | 04/20/06-80071-017 500.00 DATE | |



1st MOORE CR2E003 (10/05)

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

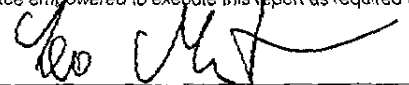
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 | P97000073872 NITRAM HOLDINGS, INC. 6465 SW 84 STREET MIAMI FL 33143 | STREET ADDRESS | |
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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**