

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

DOCUMENT #A98000001427

1. Entity Name  
**TRASON FLORDIA LIMITED PARTNERS, LTD.**



Principal Place of Business  
**325 UNIVERSITY AVE  
 SYRACUSE, NY 13210**

Mailing Address  
**325 UNIVERSITY AVE  
 SYRACUSE, NY 13210**

2. Principal Place of Business  
**3187 Bellevue Avenue**

Suite, Apt. #, etc.  
**A3**

3. Mailing Address  
**3187 Bellevue Avenue**

Suite, Apt. #, etc.  
**A3**

City & State  
**Syracuse NY**

City & State  
**Syracuse NY**

Zip  
**13219**

Country  
**USA**

Zip  
**13219**

Country  
**USA**

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ.  
 1800 WEST HIBISCUS BOULEVARD, SUITE 138  
 MELBOURNE, FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

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 #	P98000034430	STREET ADDRESS	<i>3187 Bellevue Avenue, A3</i>
NAME	TRASON FLORIDA ASSOCIATES, INC.	CITY-ST-ZIP	<i>Syracuse, NY 13219</i>
STREET ADDRESS	<i>325 UNIVERSITY AVE.</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>SYRACUSE, NY 13210</i>	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	<i>000075013980</i>
NAME		CITY-ST-ZIP	<i>05/22/06--01011--008 **\$500.00</i>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *David J. S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/25/06*

Date

*315-478-3159*

Daytime Phone #

**FILED**  
**06 MAY - 1 AM 8:49**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**