

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000001427

1. Entity Name
 TRASON FLORIDA LIMITED PARTNERS, LTD.



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

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
 City & State
 Syracuse NY
 Zip Country
 13219 USA

3. Mailing Address
 3187 Bellevue Avenue
 Suite, Apt. #, etc.
 A3
 City & State
 Syracuse NY
 Zip Country
 13219 USA

01202006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3510462

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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

DOCUMENT # P98000034430
 NAME TRASON FLORIDA ASSOCIATES, INC.
 STREET ADDRESS 325 UNIVERSITY AVE.
 CITY-ST-ZIP SYRACUSE, NY 13210

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DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3187 Bellevue Avenue, A3
 CITY-ST-ZIP Syracuse, NY 13219

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS 000075013980
 CITY-ST-ZIP 05/22/06--01011--008 **500.00

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
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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:

David Gelber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/06
 Date

315-478-3159
 Daytime Phone #

STAPLE CHECK HERE