

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

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

**DOCUMENT # A98000001858**

1. Entity Name  
**TRICONY SARASOTA, LTD.**



Principal Place of Business  
**C/O RICK TORRES**  
**313 1/2 WORTH AVENUE, SUITE B-1**  
**PALM BEACH, FL 33480**

Mailing Address  
**C/O RICK TORRES**  
**313 1/2 WORTH AVENUE, SUITE B-1**  
**PALM BEACH, FL 33480**



**DO NOT WRITE IN THIS SPACE**

02092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0856099**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**MICHAEL TORRES**  
**C/O TRICONY MGT., LLC**  
**313 1/2 WORTH AVE., STE. 111**  
**PALM BEACH, FL 33480**

**DO NOT WRITE**  
**IN THIS SPACE**

6. 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 # **P98000067485**  
NAME **TRICONY SARASOTA CORP.**  
STREET ADDRESS **313 1/2 WORTH AVENUE, SUITE B-1**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

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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 #