2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A9800001996 1. Entity Name RODDY LIMITED PARTNERSHIP				06 M/	FILE NY-LAM	9: 37	
Principal Place of Business Mailing Address 109 ANGLER AVENUE 109 ANGLER AVENUE PALM BEACH, FL 33480 PALM BEACH, FL 33480				SECT. TALLA	E IARY OF HASSEE F	STATE FLORIDA	
Principal Place of Business 3. Mailing Address							
Suite, Apt, #, etc. Suite. Apt #, etc				04112006 Chg-LP CR2E003 (11/05)			1/05)
City & State	City & State	City & State		4. FEI Number	43-2	018057	Applied For Not Applicable
Zip Country	Zíp	Country	у	5. Certificate of S		□ \$8.7	75 Additional Required
6. Name and Address of Current Registered Agent			Name - 1	7. Name and Ad		egistered Agent	
STAMBAUGH, REGINALD G 180 ROYAL PALM WAY, SUITE 201 PALM BEACH, FL 33480			Laward Kodd.				
			Street Address (P.O. Box Number is Not Acceptable) 109 Angler Avenue				
·			City D , Q , Et Zip Code				
8. The above named entity submits this statement for	e nurnose o chamino its		rala	n Beach			ip Code 33480 ar with, and accept
8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable.						36	
	21 FEE IS \$500.00				· · ·	DATE	
After May 1, 20	06, Fee will be \$90						
A GENERAL PARTNER TH NOTE: General Partners MAY		o change a g	eneral partner.				
12. GENERAL PARTNER DOCUMENT / LO2000015190	NFORMATION	13.			ADDRESS CHA	ANGES ONLY	
THAT COMPANY, LLC STREET ADDRESS 109 ANGLER AVENUE			ADDRESS				
CITY-ST-ZIP PALM BEACH, FL 33480			S¥ - ZIP				
DOCUMENT // NAME		STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-S	51 - ZIP	***************************************			10 <u>2011 2011</u>
DOCUMENT # NAME			ADDRESS	300074624323			
STREET ADDRESS CITY-ST-ZIP		CITY-S	ST-ZIP	300074624323 05/15/0601046030 **500.00			*500.00
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DOCUMENT # NAME		STREET	ADDRESS				
STREST ADDRESS CITY-ST-ZIP		CIFY-S	SI - ZIP				
I hereby certify that the information supplied with indicated on this report is true and accurate and to or the receiver or trustee empowered to execute the contract of the receiver of the receiver of trustee.	this filing does not qualify nat my signature shall have his report as required by Cf	for the exe the same thapter 620.	emptions contained legal effect as if m Florida Statutes	d in Chapter 119, F nade under oath; th	lorida Statutes. at I am a Gener	I further certify that Partner of the I	nat the information imited partnership
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DOLL Date DayLine Phone #							