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

## FILED **DOCUMENT # A98000002311** 06 MAY -1 \_PM 1: 30 25 PORTSMOUTH BUSINESS CENTER ASSOCIATES, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 2578 ENTERPRISE ROAD, #342 2578 ENTERPRISE ROAD, #342 ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 03072006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3536933 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 2508 ENTERPRISE RE DO NOT WRITE 2/15 MORTH/EOLA DRIVE IN THIS SPACE SulTe 342 CRAMER CITY, \$2323 8. The above named entity submits this statement for the purpose of changing its registered office egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. MC LEHN SIGNATURE -Signature, typed or printed name of registered agent and title if epplicable 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. GENERAL PARTNER INFORMATION 12. P98000087155 DOCUMENT # PORTSMOUTH BUSINESS CENTER, INC. NAME STREET ADDRESS 2578 ENTERPRISE ROAD, #342 CITY-ST-ZIP ORANGE CITY, FL 32763 600074674206 NS/16/N6--01042--001 \*\*500.00 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

ad with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 ocule this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN Parts Naut 4

MC LEWN, PRESIDENT

STAPLE

STREET ADORESS CITY-ST-7tP

14. I hereby certify that the information supplied indicated on this report is true and according and or the receiver or trustee examination of the receiver or trustee examination.

SIGNATURE: 1940 00