


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002765			
1. Entity Name IRONMASTER, LTD.			
Principal Place of Business 4865 S. ATLANTIC AVE. PONCE INLET FL 32127		Mailing Address 4865 S. ATLANTIC AVE. PONCE INLET FL 32127	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent JANET E. MARTINEZ, P.A. 203 E. RICH AVENUE DELAND FL 32724		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E003 (10/05)

4. FEI Number **59-3546699** Applied For Not Applicable

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	L98000003196	STREET ADDRESS	
NAME	VII NOBLES PROPERTIES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	4865 S. ATLANTIC AVE.		
CITY-ST-ZIP	PONCE INLET FL 32127		
DOCUMENT #		STREET ADDRESS	U00000538444
NAME		CITY-ST-ZIP	05/09/06-80059-003 500.00
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Earle H. Henderson* **EARLE H. HENDERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/2006 **(386) 760-8171**
Date Daytime Phone #