


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

**FILED**  
**May 10, 2006 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # A98000002856</b>	
1. Entity Name OCALA TROPHY, LTD.	

Principal Place of Business 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436	Mailing Address 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

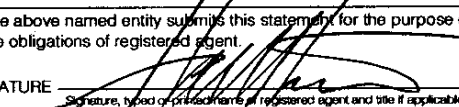


04172006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0882273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STERN, HAROLD S 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000071864 OCALA 200, INC. 5801 N. CONGRESS AVENUE BOCA RATON, FL 33487	STREET ADDRESS CITY - ST - ZIP	3483 W WOOLBRIGHT RD BOYNTON BEACH, FL 33436
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P02000073166 NEW MILLENNIUM OPERATING CORP. 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	500074660195 05/16/06--01019--022 **500.00
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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:**  **LEONARDE GREENBERG** 4/19/06 561-731-5805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE