

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

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000168**

1. Entity Name  
**SANTA MARIA LTD. PARTNERSHIP OF PALM BEACH**



Principal Place of Business  
**42 EDINBURGH DR.  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**42 EDINBURGH DR.  
PALM BEACH GARDENS FL 33418**



2. Principal Place of Business  
**42 EDINBURGH DR.**

3. Mailing Address  
**42 EDINBURGH DR.**

Suite, Apt. #, etc.

1st MOORE CR2E003 (10/05)

City & State  
**PALM BEACH GARDENS FL**

City & State  
**PALM BEACH GARDENS FL**

Zip  
**33418**

Country  
**USA**

4. FEI Number  
**65-0893531**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTA MARIA, MICHAEL  
42 EDINBURGH DR.  
PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

B. 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 *Michael Santa Maria* **3/16/06**  
DATE

**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 #	<b>SANTA MARIA, MICHAEL TRUSTEE</b>	STREET ADDRESS	
NAME	<b>42 EDINBURGH DR.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>PALM BEACH GARDENS FL 33418</b>		
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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: Michael Santa Maria** **3/16/06** **561-626-592**

STAPLE CHECK HERE