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

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SIGNATURE

Mar 20, 2006 08:00 AM Secretary of State DOCUMENT # A99000000321 HAKEEM INVESTMENTS FLORIDA, LLLP Principal Place of Business Mailing Address 1601 WEST REYNOLDS STREET, SUITE 201 PLANT CITY FL 33567 1601 WEST REYNOLDS STREET, SUITE 201 PLANT CITY FL 33567 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3597583 Not Applicat Ζιρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAKEEM, MOHAMMAD K M.D. Street Address (P.O. Box Number is Not Acceptable) 1601 WEST REYNOLDS STREET, SUITE 201 PLANT CITY FL 33567 City Zip Code 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 Signature, typen or printed name of registered agent and title if applicable. 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 GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT / P99000019178 STREET ADERESS NAME HAKEEM KHAN, INC. STREET ADDRESS 1601 WEST REYNOLDS STREET, SUITE 201 CITY ST ZIP D/17:51-29 PLANT CITY FL 33567 DOCUMENT # STREET ADDRESS NAME <u> U00000475954</u> STREET ADDRESS 04/05/06-88837-813 588.88 City-SI-Z@ CITY-ST-ZIP DOCUMENT 4 SEATHER LADINESS NAME STREET ACCURESS CITY-ST-ZIP City-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CMY-ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME SYRELT ADDRESS CHY-ST-ZIP City-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 it 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.

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