


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

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000875</b> 1. Entity Name MIRACLE MILE PROPERTY, LTD.	
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Principal Place of Business 181 CARICA ROAD NAPLES, FL 34108	Mailing Address 181 CARICA ROAD NAPLES, FL 34108
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<b>DO NOT WRITE IN THIS SPACE</b>
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04242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0112877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HECKER, SUSAN BARRETT WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	
DOCUMENT #	L99000001128
NAME	MIRACLE MILE PROPERTY, LLC
STREET ADDRESS	181 CARICA ROAD
CITY - ST - ZIP	NAPLES, FL 34108
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

<p>U00000554329 05/15/06-80089-001 500.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: X Mya:AM COLSON as manager x9/28/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE