


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

**FILED
Apr 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # A99000001203				
1. Entity Name 37TH STREET NORTH LIMITED PARTNERSHIP, L.L.P.				
Principal Place of Business 1001 37TH STREET NORTH ST. PETERSBURG, FL 33713		Mailing Address 1001 37TH STREET NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3588262
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		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 _____				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		13. ADDRESS CHANGES ONLY		
DOCUMENT #	EATON, KOCO M.D. 1001 37TH STREET NORTH ST. PETERSBURG, FL 33713	STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
DOCUMENT #	TOLLI, THOMAS M.D. 1001 37TH STREET NORTH ST. PETERSBURG, FL 33713	STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
DOCUMENT #	MIXA, THOMAS M M.D. 1001 37TH STREET NORTH ST. PETERSBURG, FL 33713	STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
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NAME		CITY-ST-ZIP		
STREET ADDRESS				
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: _____				Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone # _____



04052006 Chg-LP CR2E003 (11/05)

FL Zip Code

000000501997
04/25/06-80086-010 500.00

STAPLE CHECK HERE