
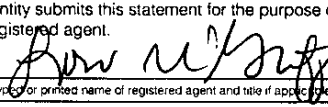
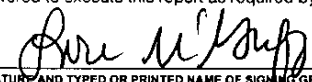


2906 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:20

DOCUMENT # A99000001386 1. Entity Name TIVOLI ORLANDO ASSOCIATES, LTD.					
Principal Place of Business 2801 S.W. ARCHER ROAD GAINESVILLE, FL 32608			Mailing Address 2801 S.W. ARCHER ROAD GAINESVILLE, FL 32608		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252006 Chg-LP CR2E003 (11/05) 4. FEI Number 59-3617322	
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	
EMMER, PHILIP I				Name MCGRIFF, LORI E	
2801 S.W. ARCHER ROAD				Street Address (P.O. Box Number is Not Acceptable)	
GAINESVILLE, FL 32608				2801 SW ARCHER ROAD	
				City GAINESVILLE FL 32608	
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 #	P97000041865		STREET ADDRESS		
NAME	THE TIVOLI 2900 CORP.		CITY-ST-ZIP		
STREET ADDRESS	2801 S.W. ARCHER ROAD				
CITY-ST-ZIP	GAINESVILLE, FL 32608				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
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: 			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE