## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED** 

Due By May 1, 2006				Apr 24, 2006 08:00		
DOCU	MENT #A99000	Secretary of St				
	N MANAGEMENT LIM	ITED PARTNERSHIP				
Principal Plac	ce of Business	Mailing Address	<del></del>			
	LAND BOULEVARD H, FL 32963	979 BEACHLAND BOULEVARD VERO BEACH, FL 32963				
}	O NOT WRI	CE.	01172006 No	o Chg-LP	CR2E003 (11/05)	
} <b></b>	O HOI WIN	IL IN THIS STA	UL.	4. FEI Number 65-09489	959	Applied For Not Applicab
				5. Certificate of		\$8.75 Additional
<u> </u>	6. Name and Address of C	urrent Registered Agent	1	<u> </u>		Fee Required
EENINGII	TODD W		· ·			Tiller V Siden med
FENNELL, TODD W 979 BEACHLAND BLVD.				DO I	W TOP	RITE
VERO BEACH, FL 32962				IN T	HIS SF	ACE
	e named entity submits this states tions of registered agent.	ment for the purpose of changing its register	ed office of register	ed agent, or both,	in the State of Flo	rida. I am familiar with, and accep-
SIGNATURE	Signature, typed or printed name of register	ad egent find title if egolicable	· · · · · · · · · · · · · · · · · · ·	<del></del>		DATE
			Ŀ			5012
	After Ma	NOW!!! FEE IS \$500.00 y 1, 2006, Fee will be \$900.00				
	A GENERAL PARTI NOTE: General Partne	NER THAT IS A BUSINESS ENTITY N rs MAY NOT be changed on the form	IUST BE REGIST n; an amendmen	ERED AND AC t must be filed	TIVE WITH TH to change a ge	S OFFICE.
12.	GENERAL PA	ATNER INFORMATION				t en 'e
BOCUMENT#	P99000061536   J.K. OF INDIAN RIVER, IN	_				
STREET ADDRESS	122 43RD AVE. S.W.	<u>σ.</u>				
CITY-ST-ZIP	VERO BEACH, FL 32962				HODON	00531168
DOCUMENT # NAME		1			05/06/00	3-80030-003 500.0
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NAME						
STREET ADDRESS CITY-ST-ZIP						
DOCUMENT #						

14. I hereby certify that the information supplied with this filing does not quality 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:

SIGNATURE AND TYPED OR PRINTED HAN

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP