

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001601

1. Entity Name
TWENTIETH LANE PROPERTIES, LTD.



Principal Place of Business
**C/O ABC DISTRIBUTING, INC.
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181-1411**

Mailing Address
**C/O ABC DISTRIBUTING, INC.
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181-1411**



01122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0017933

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NUNEZ, MIKE
C/O ABC DISTRIBUTING, INC.
14445 N.E. 20TH LANE
NORTH MIAMI, FL 33181-1411**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

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

DOCUMENT # **P97000051960**
NAME **TWENTIETH LANE PROPERTIES, INC.**
STREET ADDRESS **14445 N.E. 20TH LANE**
CITY-ST-ZIP **MIAMI, FL 33181**

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000000411878
02/10/06-80025-008 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE