

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

**FILED
Mar 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # A99000001731

1. Entity Name
NOLAN'S MANAGEMENT & DEVELOPERS GROUP, LTD.



Principal Place of Business 1891 NW 33RD COURT POMPANO BEACH, FL 33064	Mailing Address 1891 NW 33RD COURT POMPANO BEACH, FL 33064
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02242006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956100	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NOLAN, BONNIE
1891 NW 33RD COURT
POMPANO BEACH, FL 33064**

**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 _____ 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 #	P99000076853
NAME	NOLAN'S MANAGEMENT & DEVELOPERS GROUP INC
STREET ADDRESS	1891 NW 33RD COURT
CITY-ST-ZIP	POMPANO BEACH, FL
DOCUMENT #	
NAME	
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03/15/06 80049-011 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: John Nolan **John Nolan** 2/24/06 954 971 480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #