2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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

Due by way 1, 2000			Secretary of State	
DOCUMENT # A9900001732 1. Entity Name NOLAN'S LAND MANAGEMENT GROUP, LTD.			Secreta	Ty of State
Principal Place of Business 1891 NW 33RD COURT POMPANO BEACH, FL 33064	Maining Address 1891 NW 33RD COURT POMPANO BEACH, FL 33064	•) (15 million) (15	BERGE IRAN SEBBER 1885 METANGAN DI IRAN

DO NOT I	WRITE IN THIS SPA	CF		R2E003 (11/05) [Applied For
			4. FEI Number 65-0956102	Not Applicab
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Add	ress of Current Registered Agent			
NOLAN, BONNIE 1891 NW 33RD COURT			DO NOT WRI	ITE
POMPANO BEACH, FL 330	64		IN THIS SPA	CE
The above named entity submits the obligations of registered ager	this statement for the purpose of changing its regist st.	ered office or registe	red agent, or both, in the State of Florida.	I am familiar with, and accep
SIGNATURE Signature, typed or printed name of registered agent and title if applicable			OATE	
At	FILE NOWIII FEE IS \$500.00 ter May 1, 2008, Fee will be \$900.00			
A GENERA NOTE: Genera	L PARTNER THAT IS A BUSINESS ENTITY Il Partners MAY NOT be changed on the for	MUST BE REGIS m; an amendme	TERED AND ACTIVE WITH THIS On the must be filed to change a gener	FFICE. al partner.
	NERAL PARTNER INFORMATION			
NAME NOLAN'S LAND M	ANAGEMENT GROUP INC			
STREET ADDRESS 1891 NW 33RD CO		•		
DOCUMENT #)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1287
SIRCET AODRESS - CAPY-S1-ZIP	į		03/15/05 200	149-010 508.75
DOCUMENT /				
MAME STREEL ADDRESS		DO NOT WRITE		
CITY-S1-ZIP		IN THIS SPACE		
DOCUMENT # NAME			IN THIS SPACE	of these
STREET ADDRESS CITY-ST-ZIP				
DOCUMENT #				

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 path; 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: BIGNATURE: BONNIE BONNIE NO GENERAL PARTHER 2/24/06 95497/48TE

STRLET ADDRESS
CITY-ST-DIP
OOCUMENT #
NAME
STREET ADDRESS