

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

**DOCUMENT # B01000000413**

1. Entity Name  
**PATIENCE PARTNERS, L.P.**



Principal Place of Business

**950 NORTH ORLANDO AVE., SUITE 110**

**WINTER PARK, FL 32789**

**2699 LEE RD, STE 475**  
**WINTER PARK, FL 32789**

Mailing Address

**950 NORTH ORLANDO AVE., SUITE 110**

**WINTER PARK, FL 32789**

**2699 LEE RD, STE 475**  
**WINTER PARK, FL 32789**

**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3635090**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

**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 # **M01000002680**  
NAME **PATIENCE PARTNERS, LLC** **2699 LEE RD**  
STREET ADDRESS **950 NORTH ORLANDO AVE, SUITE 110** **STE 475**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

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**100066126581**  
**02/17/06--01013--004 \*\*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 #

**1/26/06**

**970 925 2926**

STAPLE CHECK HERE