


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

**DOCUMENT # B02000000238**

1. Entity Name  
**SAHARA CAPITAL MANAGEMENT GROUP L.P.**



**FILED**  
06 MAY 06 11:57 AM '06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**861 W. MORSE BLVD. SUITE 150  
WINTER PARK, FL 32789**

Mailing Address  
**861 W. MORSE BLVD. SUITE 150  
WINTER PARK, FL 32789**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

04242006 Chg-LP CR2E003 (11/05)

4. FEI Number  
**04-3642296**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEYLER, JEFFREY P  
2020 W. FAIRBANKS AVE., STE. 210  
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name  
**ADDRESS CHANGE ONLY**

Street Address (P.O. Box Number is Not Acceptable)

**861 W. Morse Blvd. Suite 150**

City **Winter Park** FL Zip Code **32789**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P00000106514 SAHARA TRADING CO. 2020 W. FAIRBANKS AVE. WINTER PARK, FL 32789</b>	STREET ADDRESS CITY-ST-ZIP	<b>861 W. Morse Blvd. Suite 150 Winter Park, FL 32789</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>200074754432 05/17/06--01016--021 **500.00</b>
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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: Jeffrey P. Seyler Date 21 Apr 06 Daytime Phone # 407.645.3933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER