


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

**FILED  
Feb 01, 2006 08:00 AM  
Secretary of State**

DOCUMENT # B03000000396					
1. Entity Name MIKSAB LIMITED PARTNERSHIP					
Principal Place of Business 2203 E. MICHIGAN ST. ORLANDO, FL 32806			Mailing Address 2203 E. MICHIGAN ST. ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWEETWATER LAW OFFICES PLC 900 FOX VALLEY DRIVE, SUITE 102 LONGWOOD, FL 32779				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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					
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>					
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		G0326990001 MIKSAB MANAGEMENT TRUST DATED 11/19/99 10125 BAYARD CT. ORLANDO, FL 32836		STREET ADDRESS	
				CITY-ST-ZIP	
				STREET ADDRESS	
				CITY-ST-ZIP	
				STREET ADDRESS	
				CITY-ST-ZIP	
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				CITY-ST-ZIP	
				STREET ADDRESS	
				CITY-ST-ZIP	
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: <u>Michael P. Doreau, as trustee</u>				Date: <u>2-6-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date Daytime Phone #					



01062006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3617194 Applied For Not Applicable

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

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