


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JUL 28 AM 9:11

<b>DOCUMENT # B04000000267</b> 1. Entity Name ASTOR PARK INVESTMENT PARTNERS, LLLP, LP	
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Principal Place of Business 2711 CENTERVILLE ROAD, #400 WILMINGTON, DE	Mailing Address 11621 KEW GARDENS AVENUE, SUITE 210 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address 3300 P6A Blvd. Suite 430 City & State Palm Beach Gardens, FL Zip      Country 33410      USA
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05162006    Chg-LP    CR2E003 (11/05)

4. FEI Number 33-1084321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  REICH, DOUG 11621 KEW GARDENS AVENUE, SUITE 210 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      FL      Zip Code
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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**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	M04000001184	STREET ADDRESS	3300 P6A Blvd., Suite 430
NAME	NICOLET CAPITAL MANAGEMENT, LLC	CITY-ST-ZIP	Palm Beach Gardens, FL 33410
STREET ADDRESS	11621 KEW GARDENS AVENUE, SUITE 210		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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:** \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE