

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -3 AM 9:18

DOCUMENT # B04000000482

1. Entity Name

DONRAD, L.P.



Principal Place of Business

SUITE 600, ONE COMMERCE CENTER
1201 ORANGE STREET, P.O. BOX 511
WILMINGTON DE 19899-0511

Mailing Address

880 OCEAN PALM WAY
ST. AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E003 (10/05)

4. FEI Number

23-3038484

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAD MGT. CO.
880 OCEAN PALM WAY
ST. AUGUSTINE BEACH FL 32080

Name

RAD MGT. CO.

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

221 North Forest Dune Drive

City

St Augustine

FL

Zip Code

32080

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

RAD MGT CO

2-20-06

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # F04000006324
NAME RAD MGT. CO.
STREET ADDRESS 880 OCEAN PALM WAY
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32080

STREET ADDRESS 221 North Forest Dune Drive
CITY-ST-ZIP St Augustine FL 32080

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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:

Donald W. Radbill

Donald W. RADBILL

2-20-06

904861-0085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE