


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B0500000117	
1. Entity Name BANANA RIVER OF DELAWARE, LTD.	

Principal Place of Business 6419 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	Mailing Address 6419 N. ATLANTIC AVENUE CAPE CANAVERAL, FL 32920
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2. Principal Place of Business	3. Mailing Address P.O. BOX 544
Suite, Apt. #, etc.	Suite, Apt. #, etc. CAPE CANAVERAL

City & State FLORIDA	4. FEI Number 20-0446021	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip 32920	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARD, HELEN M 200 INTERNATIONAL DRIVE #206 CAPE CANAVERAL, FL 32920	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.

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 # NAME STREET ADDRESS CITY-ST-ZIP	M05000000663 NORTH ATLANTIC AVENUE PROPERTIES, LLC 6419 N ATLANTIC AVENUE CAPE CANAVERAL, FL 32920
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	700074615137
STREET ADDRESS CITY-ST-ZIP	05/15/06--01008--017 **508.75
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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: Stephen J. Porter **STEPHEN J. PORTER** 4/27/06 **321-784-2794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

JOHN - 1 11 9:49
 TALLAHASSEE FLORIDA

