

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 11:17

DOCUMENT # B05000000475 1. Entity Name CAMELOT HOLDINGS OF DELAWARE, LIMITED PARTNERSHIP					
Principal Place of Business 2711 CENTERVILLE RD, CSC WILMINGTON, DE 19808			Mailing Address 1694 SABAL PALM DR BOCA RATON, FL 33432		
2. Principal Place of Business 1694 SABAL PALM DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State BOCA RATON, FL		City & State		4. FEI Number 65-0837894	
Zip 33432	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, ARTHUR 1694 SABAL PALM DR. BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	COHEN, ARTHUR 1694 SABAL PALM DR BOCA RATON, FL 33432		STREET ADDRESS CITY-ST-ZIP	100072372651 04/27/06--01034--009 **500.00	
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14. I hereby certify that the information supplied with this form 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/24/2006 561-394-3118 <small>Date Daytime Phone #</small>		

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