

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 27 AM 11:14

<b>DOCUMENT # B05000000486</b> 1. Entity Name <b>TOTAL EQUITY DEVELOPMENT, L.P.</b>					
Principal Place of Business <b>11936 S. RIDGEWAY, #1-B                  ALSIP, IL 60803</b>		Mailing Address <b>11936 S. RIDGEWAY, #1-B                  ALSIP, IL 60803</b>			
2. Principal Place of Business <b>1018 PARRY LN.</b>		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>20-3680797</b>	
City & State <b>ORLANDO, FL</b>		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <b>32833</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC.                  2731 EXECUTIVE PARK DRIVE, SUITE 4                  WESTON, FL 33331</b>	
7. Name and Address of New Registered Agent Name <b>MUSTAFA A. SHERWANI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1018 PARRY LN.</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32833</b>		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 <b>MUSTAFA A. SHERWANI</b> DATE <b>3/17/2006</b>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F05000006445		STREET ADDRESS		
NAME	AMERICAN FINANCIAL SYTEMS, INC.		CITY-ST-ZIP		
STREET ADDRESS	11936 S. RIDGEWAY, #1-B		STREET ADDRESS		
CITY-ST-ZIP	ALSIP, IL 60803		CITY-ST-ZIP		
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CITY-ST-ZIP			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: <b>AMERICAN FINANCIAL SYSTEMS, INC.</b> <b>MUSTAFA A. SHERWANI, its President</b> <span style="float: right;">(630) 452-5028</span> Date <b>3/17/2006</b> Daytime Phone #					

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