


LIMITED PARTNERSHIP ANNUAL REPORT (AR)

DOCUMENT # BO 5000000502	
1. Entity Name ALPEN LIMITED PARTNERSHIP	

05 MAY -1 PM 9:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

800074659358
05/16/06--01016--021 **500.00
CR2E003B (12/05)

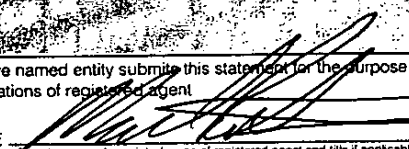
2. Principal Place of Business 14875 BAYVIEW AV.	3. Mailing Address 14875 BAYVIEW AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State AURORA, ON	City & State AURORA, ON
Zip L4G 3G8	Country CANADA

DUE BY MAY 1	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name MARK ROBERTS	
Street Address (P.O. Box Number is Not Acceptable) 14216 NORTH US HWY 27	
City OCALA	FL Zip Code 34482

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 **4-26-06**

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

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	ADENA FARMS UCC, INC
STREET ADDRESS	14875 BAYVIEW AV
CITY-ST-ZIP	AURORA, ON CANADA L4G 3G8
DOCUMENT #	
NAME	THE ALPEN HOUSE HOLDINGS LIMITED
STREET ADDRESS	14875 BAYVIEW AV
CITY-ST-ZIP	AURORA, ON CANADA L4G 3G8
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13.	
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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:  **APR. 25, 2006** 905-841-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE