

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:41

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



04182006 Chg-LP CR2E003 (11/05)

4. FEI Number **22-2629288** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # B05000000511			
1. Entity Name ARDIC MANAGEMENT L.P.			
Principal Place of Business 2932 W. TRADE AVE. COCONUT GROVE, FL 33133		Mailing Address 2932 W. TRADE AVE. COCONUT GROVE, FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMSON, J. BRADFORD 2932 W. TRADE AVE. COCONUT GROVE, FL 33133		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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000154029	STREET ADDRESS	
NAME	ARDIC MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	2932 W. TRADE AVE.		
CITY-ST-ZIP	COCONUT GROVE, FL 33133		
DOCUMENT #		STREET ADDRESS	900075021999
NAME		CITY-ST-ZIP	05/22/06--01025--022 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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: *J. Bradford Williams* **VICE PRES. OF G.P.** **4-17-06** **305-529-1056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE