

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # B93000000520

1. Entity Name

ALLBER VENTURES (BROOKSVILLE) LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 8:56

Principal Place of Business

10649 MASTERS DRIVE
CLERMONT FL 34711

Mailing Address

ONE YORKDALE ROAD, SUITE 510
TORONTO ONTARIO CANADA M6A -3A1



2. Principal Place of Business

9617 SPRING LAKE DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL

City & State

Zip

34711

Country

USA

Zip

Country

4. FEI Number

98-0109466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRATT, JAMES R ESQ.
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK FL 32789

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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # F99000002481
NAME 1319824 ONTARIO LIMITED CORP.
STREET ADDRESS ONE YORKDALE ROAD, SUITE 510
CITY-ST-ZIP TORONTO ONTARIO CANADA M6A -3A1

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 10, 2006 416-785-6000

Date

Daytime Phone #

STAPLE CHECK HERE