

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

DOCUMENT # B93000000521

1. Entity Name

TRI-B VENTURES (LUCIE), 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

98-0109463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

1st MOORE

CR2E003 (10/05)



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

DOCUMENT # P27367
 NAME 858989 ONTARIO LIMITED
 STREET ADDRESS ONE YORKDALE ROAD, SUITE 510
 CITY-ST-ZIP NORTH YORK, ONT., CANADA

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900074080099
 05/05/06--01047--026 **500.00

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

Date

Daytime Phone #

416-785-0000

STARTLE CHECK HERE