2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 27, 2006 08:00 Al Secretary of State

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1. Entity Name

FLORIDA SUNDANCE LIMITED PARTNERSHIP



Principal Place of Business 380 UNION STREET STE, 300

STE. 300 WEST SPRINGFIELD, MA 01089 Mailing Address 380 UNION STREET STE, 300

WEST SPRINGFIELD, MA 01089



DO NOT WRITE IN THIS SPACE

04192006 No Chg-LP CR2E003 (11/05)

 4. FEI Number
 Applied For 04-3337267

 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its itons of registered agent.	registered office or registered agent, or both, in the Stale of Florida. Tam familiar with, and accept
SIGNATURE		95/99/96 680222 867 560.68
	Signature, typed or printed name of registered agent and title if applicable.	24, 25, 50 COCPUE CO. 1 OCO 1 OC
	FILE NOW!!! *FEE:18: \$500.00 After May 1, 2006, Fee will be \$90	0.00
		ITITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. he form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	F96000002275	
NAME	NEPSA 1996 PROPERTY INVESTORS, INC.	
STREET ADDRESS	380 UNION STREET STE, 300	
CITY-ST-ZIP	WEST SPRINGFIELD, MA 01089	
DOCUMENT #		7
NAME		
STREET ADDRESS		1
CITY-ST-ZIP		
DOCUMENT#		1
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STREET ADDRESS		I DO NOT WRITE
CITY-ST-ZIP		DO NOT WINE
DOCUMENT#		IN THIS SPACE
NAME		374 4 3 3 5 4 7 W 7 4 7 W 7 M 1
STREET ADDRESS		

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: 2

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

MY a JERSMY PSVA TYCASIC 4/21/2000
PPED OR PRINTED NAME OF SIGNING GENERAL PARTNER A) ACM LIAL DOLLO
DOLLO

413.77.6712