

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 10 AM 9:12

DOCUMENT # B98000000042 1. Entity Name SOUTHERN MANAGEMENT & DEVELOPMENT, L.P.					
Principal Place of Business WACHOVIA PLAZA 925 S. FEDERAL HIGHWAY SUITE 425 BOCA RATON, FL 33432			Mailing Address WACHOVIA PLAZA 925 S. FEDERAL HIGHWAY SUITE 425 BOCA RATON, FL 33432		
2. Principal Place of Business 925 SOUTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 425 BOCA RATON, FL 33432		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33432		4. FEI Number 65-0823985 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent LEVIN, STEVEN 21301 POWERLINE ROAD BOCA RATON, FL 33433			
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 _____ 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 #	F98000000318		STREET ADDRESS	925 SOUTH FEDERAL HIGHWAY, SUITE 425	
NAME	SSL GP CORP.		CITY-ST-ZIP	BOCA RATON, FL 33432	
STREET ADDRESS	21301 POWERLINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	400072369424	
NAME			CITY-ST-ZIP	04/27/06--01031--024 **500.00	
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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:			Jill Levin, Vice President 3/24/06 (865) 584-4175		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE