2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED May 10, 2006 08:00 AM Secretary of State

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1. Entity Name AGES GOVERNMENT GROUP, L.P.



Principal Place of Business

645 PARK OF COMMERCE WAY BOCA RATON, FL 33487 Mailing Address

645 PARK OF COMMERCE WAY BOCA RATON, FL 33487



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0828144 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTNEY, KEVIN P 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing it the obligations of registered agent.	s registered office or registered agent,	or both, in the State of Florida.	t am familiar with, and accept
SIGNATURE Signature, typod or printed name of registered agent and one if explicative.			DATE

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.

	NOTE: General Partners MAY NOT be changed on the
12.	GENERAL PARTNER INFORMATION
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F89000002136 AGG HOLDING CORP. 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT J
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT J
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT J
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING GENERAL PARTIMEN

KEVIN P. HAFTNEY

421106

561-989-1821

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