


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

**FILED  
Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A07557**  
1. Entity Name  
**MIAMI CENTER LIMITED PARTNERSHIP**



Principal Place of Business: **ECHO HILL  
PO BOX 5564  
CHARLOTTESVILLE VA 22905**  
Mailing Address: **ECHO HILL  
PO BOX 5564  
CHARLOTTESVILLE VA 22905**



1st MOORE CR2E003 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State

4. FEI Number **52-1167858**  
Applied For:  Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH, SUITE E.  
NAPLES FL 34102**

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. \*\*\* 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 #	NAME	STREET ADDRESS	
	GOULD, THEODORE B.		
STREET ADDRESS	1510 ECHO HILL FARM LANE	CITY - ST - ZIP	
CITY - ST - ZIP	CHARLOTTESVILLE VA 22901		
DOCUMENT #	NAME	STREET ADDRESS	U00000532101
			05/06/06-80067-015 500.00
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STAPLE CHECK HERE

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: Theodore B. Gould (Theodore B. Gould) 04/20/2006 (917) 744-6470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #