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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

FILED DOCUMENT # A0000000637 Apr 14, 2006 08:00 AN Secretary of State 1. Entity Name BILL & BONNIE HUNTLEY INVESTMENTS, LTD. Principal Place of Business Mailing Address P.O. DRAWER 1319 417 ST. JOHNS AVENUE, SUITE 7 PALATA FL 32177 PALATKA FL 32178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 59-3647288 Not Applicable Zip Country Ζìο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YONG, FRANK J Street Address (P.O. Box Number is Not Acceptable) 4570 ST JOHNS AVE, STE 1A JACKSONVILLE FL 32210 City 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, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. DOCUMENT # P97000035832 STREET ADDRESS NAME BILL & BONNIE HUNTLEY, INC. STREET ADDRESS 204 MORITANI PT. RD. 04/28/06-80022-010 500.00 CITY-ST-ZIP CITY-SI-7IP EAST PALATKA FL 32131 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C(TY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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