

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

DOCUMENT # A01000000422 .

1. Entity Name
FENTRESS DAYTONA, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:04

Principal Place of Business
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118 US

Mailing Address
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118 US

P.O. Box 15200
Daytona Beach, FL 32115



07052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3708434

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR.
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # L03000010833
NAME HOOD FAMILY ENTERPRISES, LLC
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 900
CITY-ST-ZIP DAYTONA BEACH, FL 32118

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

900077530659
07/14/06--01050--018 **508.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/5/06
Date

Daytime Phone #