


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 14 AM 9:35

DOCUMENT # A0500002289							
1. Entity Name BOYD EQUITY INVESTMENTS LIMITED							
Principal Place of Business 1501 GULF BOULEVARD CLEARWATER, FL 33767			Mailing Address 1501 GULF BOULEVARD CLEARWATER, FL 33767				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-3981405			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BOYD, HUGH R 1501 GULF BOULEVARD CLEARWATER, FL 33767			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.			In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.				
FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006							
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 #	L05000122467		STREET ADDRESS				
NAME	BOYD EQUITY MANAGEMENT, LLC		CITY-ST-ZIP				
STREET ADDRESS	1501 GULF BOULEVARD						
CITY-ST-ZIP	CLEARWATER, FL 33767						
DOCUMENT #			STREET ADDRESS	500078990605 08/22/06--01027--002 **508.75			
NAME			CITY-ST-ZIP				
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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							
SIGNATURE: <u>Hugh R. Boyd</u>			HUGH R. BOYD 8/8/06 (727)595-6565				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #				

STAPLE CHECK HERE