2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 JUN -2 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A25754

1. Entity Name
PORT CANAVERAL STEVEDORING, LTD.

Principal Place of Business	Mailing Address
P.O. BOX 572 CAPE CANAVERAL, FL 32920	P.O. BOX 572 CAPE CANAVERAL, FL 32920
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-2870120
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LEE, RHONDA A~~ 400 HARBOR DRIVE CAPE CANAVERAL, FL 32920	Name LEE, PATRICK T. Street Address (P.O. Box Number is Not Acceptable) 400 HARBOR DR City CAPE CANAVERAL FL Zip Code 32920

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

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.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	H16389	STREET ADDRESS	300075895643
NAME	PORT CANAVERAL STEVEDORING INC.		
STREET ADDRESS	9025 N. ATLANTIC AVE.		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	06/06/06--01060--023 **408.75
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	300075895643 06/06/06--01060--024 **100.00
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #