


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A28480**  
 1. Entity Name  
**MOORE HAVEN COMMONS, LTD.**



Principal Place of Business      Mailing Address  
 5505 N. ATLANTIC AVENUE      5505 N. ATLANTIC AVENUE  
 COCOA BEACH, FL 32931      COCOA BEACH, FL 32931

**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
 59-2950806      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MCPHILLIPS, JACQUELINE  
 5505 N. ATLANTIC AVENUE  
 COCOA BEACH, FL 32931

**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.

U00000401863  
 02/02/06 80031-011 508.75

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DEHARDER, ROBERT 5505 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCPHILLIPS, FRANCIS 5505 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FRAZIER, JOHN 5505 N. ATLANTIC AVENUE COCOA BEACH, FL 32931
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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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:** Michael McPhillips, PDA      Michael McPhillips / 2006 799-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Telephone #