


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

**FILED
Mar 16, 2006 08:00 AM
Secretary of State**

DOCUMENT # A93000000749 1. Entity Name RAYSAL LIMITED PARTNERSHIP			
Principal Place of Business 405 SEVENTH ST., S.E. JASPER FL 32052		Mailing Address POST OFFICE BOX 232 JASPER FL 32052	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
	<i>Hammonton</i>		
6. Name and Address of Current Registered Agent CAMP, JOHN C 405 SEVENTH ST., S.E. JASPER FL 32052		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E003 (10/05)
4. FEI Number **59-3197958** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CAMP, JOHN C	STREET ADDRESS	
NAME	405 SEVENTH ST., S.E.	CITY - ST - ZIP	000000469838
STREET ADDRESS	JASPER FL 32052		03/27/06-80019-002 508.75
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	CAMP, ERCEL A	CITY - ST - ZIP	
NAME	405 SEVENTH ST., S.E.	STREET ADDRESS	
STREET ADDRESS	JASPER FL 32052	CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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: *John C. Camp* / **JOHN C. CAMP** *3/16/06*