2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006					¬ FILED
DOCUMENT # A9400001126  1. Entity Name RUTLAND RANCH, LTD.					OG MAY -1 PM 2: 35  SECRETARY OF STATE TALLAHASSEE FLORIDA
Principal Place of Business 300 1ST AVE. S., STE. 200 ST. PETERSBURG, FL 33701		Mailing Address 300 1ST AVENUE SOUTH SUITE 200 ST PETERSBURG, FL 33701			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112006 Chg-LP CR2E003 (11/05)
City & State		City & State		<del></del>	4. FEI Number Applied For 59-7030675 Not Applicab
Zip	Country	Zip	Zip Country		S. Certificate of Status Desired     Section   Section       Section
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
BRELAND, JEANNE C SUNTRUST BANK OF TAMPA BAY 300 1ST AVENUE SOUTH, SUITE 200 ST PETERSBURG, FL 33701					y ZINO a/b Regions Bank
				Street Addres	SS (P.O. Box Number is Not Acceptable)  N. Wastshore Blud
				CityTo	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 accident the obligations of registered agent.					
SIGNATURE Signature, typed or prifited name of registeded agentland title applicable.					DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	TITY M	IUST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
12.	GENERAL PARTNER		13.	<u> </u>	ADDRESS CHANGES ONLY
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	SUNTRUST BANK OF TAMPA BAY, TRUSTEE 300 1ST AVENUE SOUTH, SUITE 200 ST PETERSBURG, FL 33701			ET ADDRESS -ST-ZIP	
DOCUMENT #	SUNTRUST BANK OF TAMPA BAY, TRUSTEE 300 1ST AVENUE SOUTH SUITE 200		STRI	ET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP			CiTY	-ST-ZIP	<b>000075016950</b> 05/22/0601017021 **500.00
DOCUMENT A NAME			STR	EET ADDRESS	05/22/0601017021 **500.00
STREET ADORESS CITY-ST-ZIP			CITY	- ST- ZIP	
DOCUMENT # NAME		-	STR	EET ADDRESS	
STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	
r CUMENT /			STR	EET ADDRESS	
TREET ADDRESS CITY-ST-ZIP				-ST-ZIP	
14. I hereby indicated or the rec	thank	h this filing does not qualify that my signature shall have this report as required by Ch	for the e the sam napter 62	xemptions conta e legal effect as 0, Florida Statute	ained in Chapter 119, Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnershiptes  5.1.06. 813.639.334