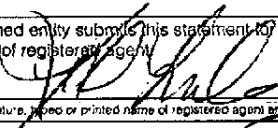
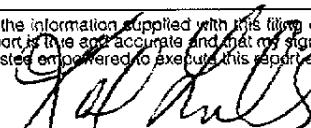


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000001906					
1. Entity Name THE BUYER'S AGENT OF EAST FLORIDA, LIMITED LLP					
Principal Place of Business 5889 S WILLIAMSON BLVD. SUITE 206 PORT ORANGE, FL 32128		Mailing Address 5889 S WILLIAMSON BLVD. SUITE 206 PORT ORANGE, FL 32128			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02142006 Chg-LP CR2E003 (11/05)	
City & State		City & State		4. FEI Number 59-3465266	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYLE, MICHAEL A 1655 N CLYDE MORRIS BLVD. SUITE 1 DAYTONA BEACH, FL 32117				7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and title if applicable.				DATE	
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 #	NAME			STREET ADDRESS	
STREET ADDRESS	5889 S WILLIAMSON BLVD., SUITE 206			CITY-ST-ZIP	
CITY-ST-ZIP	PORT ORANGE, FL 32128				U00000505830 04/26/06-80134-005 500.00
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
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DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				2/14/06 386.788.2424 Date Daytime Phone #	
KAREN L WILES					

STAPLE CHECK HERE