


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

**FILED
Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # A98000001435					
1. Entity Name COTTON OF KEY WEST LIMITED PARTNERSHIP					
Principal Place of Business 30 BAMBOO TERRACE KEY WEST FL 33040			Mailing Address P.O. BOX 2652 KEY WEST FL 33045		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent BOHATCH, JOHN S PENTHOUSE 8, DOUGLAS CENTRE 2600 DOUGLAS ROAD CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 65-0837158 Applied For (Not Applicable)					
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					



1st MOORE CR2E003 (10/05)

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 #	COTTON, WILLIAM F	STREET ADDRESS	
NAME	30 BAMBO TERRACE	CITY-ST-ZIP	
STREET ADDRESS	KEY WEST FL 33040		U00000475922
CITY-ST-ZIP			04/05/06-BU035-015 500.00
DOCUMENT #	COTTON, LOIS G	STREET ADDRESS	
NAME	30 BAMBO TERRACE	CITY-ST-ZIP	
STREET ADDRESS	KEY WEST FL 33040		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Lois G. Cotton **Lois G. Cotton** 3-16-06 305-294-201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #