2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A23510

1. Entity Name
COTTAGE HILL, LTD.

Principal Place of Business	Mailing Address
516 LAKEVIEW ROAD, VILLA B CLEARWATER, FL 33756	516 LAKEVIEW ROAD, VILLA B CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number
59-2804632
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F
516 LAKEVIEW ROAD, UNIT B
CLEARWATER, FL 33756-3302

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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 #	P98000081966
NAME	CANTONMENT THREE, INC.
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT B
CITY-ST-ZIP	CLEARWATER, FL 337563302
DOCUMENT #	
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100000444842
03/07/06-80016-017 508.75

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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: _____ As Vice-President of Corporate General Partner 02/15/2006 727-449-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #