



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JAN 18 AM 11:20

DOCUMENT # A00000000732 1. Entity Name D.B.S., LTD., LLLP					
Principal Place of Business 1515 RINGLING BLVD SUITE 890 C/O GEIMER SARASOTA, FL 34236			Mailing Address 1515 RINGLING BLVD SUITE 890 C/O GEIMER SARASOTA, FL 34236		
2. Principal Place of Business 1990 Main St. Suite, Apt. #, etc. Suite 801 c/o Geimer		3. Mailing Address 1990 Main St. Suite, Apt. #, etc. Suite 801 c/o Geimer			
City & State _____		City & State _____		4. FEI Number 65-1018378	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDRICKSON, ROBERT W III 1206 MANATEE AVENUE WEST BRADENTON, FL 34205				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 CITY-ST-ZIP	P94000088660 SUNNYLEA CORPORATION 1515 RINGLING BLVD SUITE 899 SARASOTA, FL 34236		STREET ADDRESS CITY-ST-ZIP	1990 Main St. #801 _____	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	_____		STREET ADDRESS CITY-ST-ZIP	_____	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			_____ Date 1/14/06 (941)-365-4617		

STAPLE CHECK HERE