2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 27 AM 11:56

DOCUMENT # A00000000863

1. Entity Name
ALACHUA HOLDINGS, LTD.

Principal Place of Business	Mailing Address
14706 MAIN STREET ALACHUA, FL 32615	P.O. BOX 1990 ALACHUA, FL 32616

01232006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
13505 NW 88th Pl	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alachua FL	City & State
Zip: 32615 Country: USA	Zip Country

4. FEI Number: 59-3659814 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOMPKINS, DARRYL J P.A. 14706 MAIN STREET ALACHUA, FL 32615	Name: Tompkins, Darryl J P.A. Street Address (P.O. Box Number is Not Acceptable): 14420 NW 151st Blvd City: Alachua FL Zip Code: 32615

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000045446	STREET ADDRESS	13505 NW 88th Pl
NAME	ALACHUA MANAGEMENT COMPANY	CITY-ST-ZIP	Alachua FL 32615
STREET ADDRESS	14706 MAIN STREET		
CITY-ST-ZIP	ALACHUA, FL 32615		
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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: James W. Shaw 1/26/06 352-665-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #