## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2006 Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # A0000001158 HOLLINGSWORTH TRADING, L.P. Principal Place of Business Mailing Address 2090 BARTOW HIGHWAY P.O. BOX 1614 LAKELAND, FL 33802 LAKELAND, FL 33802 01182008 No Chg-LP GR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3658073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent APLIN, DAVID F DO NOT WRITE 2090 BARTOW HIGHWAY LAKELAND, FL 33802 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. U00000448393 03/03/06-80013-014 500.**n**n SIGNATURE Signature, typed or printed name of registered again and tille it applicable DATE FILE NOWILL FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT 18 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 P00000042973 DUCKMENT # HOLLINGSWORTH CAPITAL MANAGEMENT, INC. NAME 124 S. FLORIDA, AVE., STE. 200 STREET ADDRESS CITY-ST-70 LAKELAND, FL 33803 **GOCHMENT &** STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ACCRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling 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 it made under ceth; that I am a General Partner of the limited pertnership or the receiver or trustee ampowered to execute this report as required by Chapter 820, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNING GENERAL PARTNER

Date

**Озуыта Руине 4**