


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # A00000001618		
1. Entity Name LONGSTAR TEXACO OF SAWGRASS, LTD.		

Principal Place of Business 6550 NORTH FEDERAL HIGHWAY, SUITE 240 FORT LAUDERDALE, FL 33308	Mailing Address 6550 NORTH FEDERAL HIGHWAY, SUITE 240 FORT LAUDERDALE, FL 33308
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102006	Chg-LP	CR2E003 (11/05)
4. FEI Number 65-1050191	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRAVIER, ROBERT W JR. C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE, FL 33308		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 _____
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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	L51506 CHAMBLISS DEVELOPMENT CORP. 6550 NORTH FEDERAL HIGHWAY, SUITE 240 FORT LAUDERDALE, FL 33308	STREET ADDRESS CITY-ST-ZIP	
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L000000435910
02/27/06-80014-002 \$500.00

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 _____	DATE 2-1-06	Daytime Phone # 9544777962
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