

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:13

DOCUMENT # A00000001655	
1. Entity Name BARIL PARTNERS LIMITED PARTNERSHIP	

Principal Place of Business 300 LANELEY AVE SUITE 200 PENSACOLA, FL 32504	Mailing Address 300 LANELEY AVE SUITE 200 PENSACOLA, FL 32504
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2. Principal Place of Business 3000 LANGLEY AVE	3. Mailing Address 3000 LANGLEY AVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03122006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3680052	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOFFMAN, CHARLES L JR 226 PALAFOX PLACE NINTH FLOOR PENSACOLA, FL 32502	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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 # P00000093985	NAME RTB OF PENSACOLA INC	STREET ADDRESS 3000 LANGELEY AVE, SUITE 200	CITY-ST-ZIP PENSACOLA, FL 32504
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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3000 LANGLEY AVE, SUITE 200

100072408301
04/27/06--01038--023 **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: 	RTB OF PENSACOLA, INC. - GENERAL PARTNER IT'S PRESIDENT	3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date
		Daytime Phone #