2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 May 01, 2006 08:00 AM Secretary of State DOCUMENT # A0000001927 GAGE FAMILY LIMITED PARTNERSHIP Mailing Address Principal Place of Business **5 EAST HIGH POINT ROAD** 5 EAST HIGH POINT ROAD STUART, FL 34996 STUART, FL 34996 04282005 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEL Number Applied For 65-1064904 Not Applicat **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAGE, JOSEPH S DO NOT WRITE 5 EAST HIGH POINT ROAD STUART, FL 34996 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. Signature, typed or printed name of registered again and title if applicable. U00000554889 FILE NOW!!! FEE 13 \$500.00 After May 1, 2008, Fee will be \$900.00 06/16/06-8001**0-022** 500.**0**0 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. GENERAL PARTNER INFORMATION 12. P00000098284 DUCUMENT # GAGE ENTERPRISES, INC. **5 EAST HIGH POINT ROAD** STREET ADDRESS CHY-ST-ZIP STUART, FL 34996 DOCUMENT # MALK STREET AUDRESS CHY-ST-ZP DOCUMENT # NAME DO NOT WRITE STRELT ADDRESS

IN THIS SPACE

14. I hereby certify that the information supplied with this tiling 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 stall 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 to partner 520, Florida Statutes.

SIGNATURE: _

ENTY-ST-ZIP

DOCUMENT / NAME STREET ADDRESS CITY -ST -ZIP **GOCUMENT #** MAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINT

Daytona Filona #