


2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001929</b>	
1. Entity Name <b>FLEA MARKET OF ORTIZ AVENUE LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>1501 ORTIZ AVENUE FORT MYERS, FL 33905</b>	Mailing Address <b>4250 PERTH COURT N. FORT MYERS, FL 33903</b>
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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



03142006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-1062816</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>COLLINS, BARBARA R 4250 PERTH COURT NORTH FORT MYERS, FL 33903</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
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 # <b>P00000109398</b>	NAME <b>JAMES LEWIS COLLINS ENTERPRISES, INC.</b>	STREET ADDRESS	
STREET ADDRESS <b>4250 PERTH COURT</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>N. FORT MYERS, FL 33903</b>			<b>U00000491426</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>04/19/06-80022-002 \$00.00</b>
STREET ADDRESS		CITY-ST-ZIP	
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CITY-ST-ZIP			

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: Barbara Collins Mar 15-2006 239-995-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE