2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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

1. Entity Nan	MENT #A0100000929			Secretar	y of State
Principal Place of Business 540 RUTLIE DRIVE PONTE VEDRA BEACH, FL 32082 Mailing Address 540 RUTLIE DRIVE PONTE VEDRA BEACH, FL 32082			(SINGERIA (NI) (NI) (18 7 11 78 118 78 18 28111 38 111	aankaana kana maka kuum ah kaal
DO NOT WRITE IN THIS SPACE			03062006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied For Not Applicab 5. Certificate of Status Desired S8.75 Additional		
			J. Gardinosto di Ci		Fee Required
SEAY, LYI 540 RUTL PONTE VI				OT WR	
8. The above the obligat SIGNATURE	named entity submits this statement for the purpose of changing its rations of registered agent. Signature, typed or printed name of registered agent and title it applicable.	registered office ar registe	red agent, or both, in		I am familiar with, and accept
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on th	TITY MUST BE REGIS' e form; an amendmen	TERED AND ACTI it must be filed to	VE WITH THIS O change a genera	FFICE. al pariner.
DOCUMENT / NAME STREET ADDRESS CSTY-ST-289	GENERAL PARTINER INFORMATION P01000067690 EVANS FAMILY INVESTMENTS, INC. 540 RUTLIE DRIVE PONTE VEDRA BEACH, FL. 32082			1 / i / i / i / i / i / i / i / i / i /	ទ្វាក
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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 em 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: Ayen Sear, Pres. Evans. Somily Suvertingents, B.P. 3-9-06
DOWNER PRINTED NAME OF SIGNING GENERAL PARTNER

OBIG DOWNERS FROM PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT F NAME STILLET ADDRESS CITY-ST-ZIP