2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

STAPLE CHECK

Feb 02, 2006 08:00 AM DOCUMENT # A01000001178 **Secretary of State** BAR D PROPERTIES, LTD. Mailing Address Principal Place of Business 7710 COUNTY ROAD 305 7710 COUNTY ROAD 305 BUNNELL FL 32110 BUNNELL FL 32110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 37-1457823 Not Applicable Country \$8.75 Additional Zφ Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, RONALD E Street Address (P.O. Box Number is Not Acceptable) 501 ST JOHNS AVE PALATKA FL 32177 Zip Code City 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 Signature, typed or printed name of registered agent and tills if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State 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 ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME COWART, PATRICIA D STREET ADDRESS 7710 COUNTY ROAD 305 J0000041 CITY-ST-ZIP CITY-ST-ZIP BUNNELL FL 32110 2 500.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-70P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C!TY-ST-7/P CITY-ST-ZIP

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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 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: Patricia V. Cowart 2-1-06 386-437-3845