2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

DOCUMENT # A01000001197

1. Entity Name AMELIA PLACE PARTNERS, LLLP

Principal Place of Business

201 S. AMELIA AVE., G-4 DELAND, FL 32724

Mailing Address

201 S. AMELIA AVE., G-4 DELAND, FL 32724

FILED Apr 12, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3735057

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

GUIRLINGER, ROBERT A 201 S. AMELIA AVE., G-4 DELAND, FL 32724

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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 Floring	a. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE Spiniture, typed or printed name of registered agent and title if epiticable

DATE

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
DOCUMENT / NAME STREET ADDRESS C/TY-ST-ZIP	P31179 CENTRAL MANAGEMENT COMPANY OF OHIO 201 S. AMELIA AVE., G-4 DELAND, FL 32724
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CNY-ST-IN	
COCUMENT # NAME STREET ADDRESS	

UD0000504806 04/26/06-80090-006 508.75

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14. I hereby certily 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 it 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: J

CITY-ST-ZIP DOCUMENT & NAME STREET ADDRESS CITY-ST-ZIP DOGUMENT # NAME STREET ADDRESS CHY-ST-ZIP