


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

DOCUMENT # A02000000294 1. Entity Name GREY GOOSE PARTNERS, LIMITED PARTNERSHIP	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 24 AM 10:05

Principal Place of Business 12564 MALLET CIRCLE WELLINGTON FL 33414	Mailing Address 12564 MALLET CIRCLE WELLINGTON FL 33414
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2. Principal Place of Business 3655 middleburg dr. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Wellington, FL Zip 33414 Country USA	City & State Zip Country

1st MOORE	CR2E003 (10/05)
4. FEI Number 65-1154574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RILEY, SCHUYLER 12564 MALLET CIRCLE WELLINGTON FL 33414
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. * 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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	M02000000217
NAME	WOLFSTONE MANAGEMENT, L.L.C.
STREET ADDRESS	12564 MALLET CIRCLE
CITY-ST-ZIP	WELLINGTON FL 33414
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600067301906 03/07/06 01016-030 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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:  **2-10-06 561-379-9057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE