


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000675 1. Entity Name FUNDY HOLDINGS, LTD.	
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Principal Place of Business 1006 W PLEASANT ST. AVON PARK, FL 33825	Mailing Address 1006 W PLEASANT ST. AVON PARK, FL 33825
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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



01032006 Chg-LP CR2E003 (11/05)

4. FEI Number 22-3888033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FUNDY MANAGEMENT LLC
1008 W PLEASANT ST
AVON PARK, FL 33825

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 \$500.00
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 #	FUNDY MANAGEMENT LLC 1008 W PLEASANT ST AVON PARK, FL 33825	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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 03/04/06-80027-004 500.00

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** _____ **Date** 2/2/06 **Daytime Phone #** _____

STAPLE CHECK HERE