


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT #A02000000877 1. Entity Name LEWIS CAPITAL LIMITED PARTNERSHIP	
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Principal Place of Business 4555 AINSLEY PLACE SARASOTA, FL 34234	Mailing Address 4555 AINSLEY PLACE SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE



03082006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 27-0017689	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LEWIS, SARA PEELER 4555 AINSLEY PLACE SARASOTA, FL 34234
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**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. 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 #	L02000014355
NAME	LEWIS CAPITAL LLC
STREET ADDRESS	4555 AINSLEY PLACE
CITY-ST-ZIP	SARASOTA, FL 34234
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000516043
04/29/06-80231-016 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: Sara P. Lewis 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date
(941)355-3931
Daytime Phone #