


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

DOCUMENT # A02000000880		
1. Entity Name HARLEE INVESTMENTS, LTD.		

SECRET
DIVISION
06 FEB 20 AM 10:53
STATE
ATTORNEY GENERAL'S
OFFICE

Principal Place of Business 2106 5TH AVENUE WEST PALMETTO FL 34221	Mailing Address 2106 5TH AVENUE WEST PALMETTO FL 34221
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2. Principal Place of Business 2106 5th Street West Suite, Apt. #, etc. Palmetto, FL City & State	3. Mailing Address 2106 5th Street West Suite, Apt. #, etc. Palmetto, FL City & State
Zip 34221	Country

PS

1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent HARLEE, JOHN P III 1227 9TH AVENUE WEST BRADENTON FL 34205	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 202 Old Main Street City Bradenton FL Zip Code 34205	
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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 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. * 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 #	
NAME	HARLEE, JOHN P III
STREET ADDRESS	1227 9TH AVENUE WEST
CITY-ST-ZIP	BRADENTON FL 34205
DOCUMENT #	
NAME	BOYLSTON, ALICE H
STREET ADDRESS	2106 5TH AVENUE WEST
CITY-ST-ZIP	PALMETTO FL 34221
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	202 Old Main Street
CITY-ST-ZIP	Bradenton, FL 34205
STREET ADDRESS	2106 5th Street West
CITY-ST-ZIP	Palmetto, FL 34221
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

300066805883
02/28/06--01022--027 **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	
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SIGNATURE: Alice H. Boylston Alice H. Boylston	2-1-06 94-722-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE