

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 9:56

DOCUMENT # A02000001111

1. Entity Name
 WILLAWAY CATTLE & SOD LIMITED PARTNERSHIP



Principal Place of Business
 30395 NW 72ND AVENUE
 OKEECHOBEE, FL 34972

Mailing Address
 P.O. BOX 370
 OKEECHOBEE, FL 34973

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 30395 NW 72nd Ave.

City & State
 Okeechobee, FL

Zip
 34972

Country
 US



03062006 Chg-LP CR2E003 (11/05)

4. FEI Number
 30-0103464

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LLOYD, ROBIN A SR
 3545 OCEAN DRIVE, SUITE 201
 VERO BEACH, FL 32963

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 #	L02000020699	STREET ADDRESS	
NAME	J & K HOLCOMB HOLDINGS, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	30395 NW 72ND AVENUE		
CITY-ST-ZIP	OKEECHOBEE, FL 34972		
DOCUMENT #		STREET ADDRESS	100069948821
NAME		CITY-ST-ZIP	04/10/06--01052--001 **508.75
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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: _____ 3/20/06 863-467-6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE