

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



04132006 Chg-LP CR2E003 (11/05)

DOCUMENT # A02000001181 1. Entity Name CHRISTY INVESTMENT, LLLP					
Principal Place of Business 3208 PARKLAND BLVD. TAMPA, FL 33609			Mailing Address 3208 PARKLAND BLVD. TAMPA, FL 33609		
2. Principal Place of Business 4216 W. Culbreath Avenue Suite, Apt. #, etc.		3. Mailing Address 4216 W. Culbreath Avenue Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 88-0446105 90-0124051	
Zip 33609		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHEN, CHRISTY 3208 W. PARKLAND BLVD. TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4216 W. Culbreath Avenue City Tampa FL Zip Code 33609		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-15-06	
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 #	L02000022310		STREET ADDRESS	4216 W. Culbreath Avenue	
NAME	CHRISTY INVESTMENT MANAGEMENT, LLC		CITY-ST-ZIP	Tampa, FL 33609	
STREET ADDRESS	3208 PARKLAND BLVD.				
CITY-ST-ZIP	TAMPA, FL 33609				
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STREET ADDRESS					
CITY-ST-ZIP					
9. 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 4/15/06 Daytime Phone # 813-248-1793		

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