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

STAPLE CHECK HERE

DOCUMENT # A02000001212 1. Enlity Name					Secretary of State
FIRSTSON LTD					
Principal Place of Business 2109 MEADOW BROOK DRIVE CLEARWATER FL 33759 US		Mailing Address 2109 MEADOW BROOK DRIVE CLEARWATER FL 33759 US		E	
2. Principal Place of Business		3. Mailing Address			. A Committee of the co
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E003 (10/05)
City & State		City & State		}	4. FEI Number 52-2373763 Applied Fo
Zíp	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
KERWIN, TIMOTHY J II 2109 MEADOW BROOK DRIVE CLEARWATER FL 33759				}	(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					
Signature, typed or printed name of registered agrint and title it applicable.					
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 PARTNE	RINFORMATION	13.	(ADDRESS CHANGES ONLY
NAME	FIRSTSON, INC. 2109 MEADOWBROOK DRIVE CLEARWATER FL 33759	_		-ST-ZIP	05/03/06-80033-008 500.00
DOCUMENT #	F08327 TRACKER INC.		SIRE	ET ADDRESS	}
STREET ADDRESS CATY-ST-ZIP	2109 MEADOW BROOK DRIVE CLEARWATER FL 33759	· .	CITY	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CHY	-ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP			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 Pariner of the limited partities or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes TimeTHY J. KERNIN II PARELINET					

FLASTSON INC. 3 GENBEM PRATUER

127-799-529

: 4-17-06