

Certified 7003 3110 0001 3108 2718

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006


FILED

06 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



04262006 Chg-LP CR2E003 (11/05)

DOCUMENT # A02000001592					
1. Entity Name SEDONA PROPERTIES LTD.					
Principal Place of Business 520 SE 8TH AVE. CRYSTAL RIVER, FL 34429			Mailing Address PO BOX 976 CRYSTAL RIVER, FL 34423-0976		
2. Principal Place of Business 2631-A NW 41st ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GAINESVILLE FL		City & State		4. FEI Number 36-4516027	
Zip 32606		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUBBARD, JEREMIAH A 520 SE 8TH AVE. CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 2631-A NW 41st ST		
City GAINESVILLE			FL		Zip Code 32606
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</p> <p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L33783 SEDONA INVESTMENT GROUP, INC. 520 SE 8TH AVE. CRYSTAL RIVER, FL 34429		STREET ADDRESS CITY-ST-ZIP	2631-A NW 41st ST GAINESVILLE FL 32606	
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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: <i>Jeremiah A. Hubbard</i> <i>Tana W. Hubbard</i>			4-25-06 (352) 373-9140		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE