

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**  
06 MAY -1 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # A03000000008</b>				
1. Entity Name EMBREE PARKER INVESTMENTS, LLLP				
Principal Place of Business 250 SOUTH PARK AVE. SUITE 630 WINTER PARK, FL 32789		Mailing Address P.O. BOX 3010 WINTER PARK, FL 32790		
2. Principal Place of Business 250 Park Avenue South		3. Mailing Address		
Suite, Apt. #, etc. Suite 630		Suite, Apt. #, etc.		
City & State Winter Park, FL		City & State		
Zip 32789	Country	Zip	Country	4. FEI Number 59-2100361
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent BATTAGLIA, W.P. 250 SOUTH PARK AVE. SUITE 630 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent
Name				
Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South				
Suite 630				
City Winter Park, FL				Zip Code 32789
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 <u>W.P. Battaglia</u>				DATE <u>04/24/06</u>
Signature, typed or printed name of registered agent and title if applicable.				DATE
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00</b>				
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME		STREET ADDRESS	
	EMBREE PARKER, INC.		250 Park Avenue South, Ste. 630	
	STREET ADDRESS		CITY-ST-ZIP	
	250 SOUTH PARK AVE. SUITE 630		Winter Park, FL 32789	
	CITY-ST-ZIP			
	WINTER PARK, FL 32789			
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800074624378 05/15/06--01046--032 **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				
SIGNATURE: <u>W.P. Battaglia</u>			W.P. Battaglia	407-622-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date	Daytime Phone #

STAPLE CHECK HERE