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

**FILED**
**Mar 10, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # A03000000249

1. Entity Name
CCJ MOORE INVESTMENTS, LLLP

| Principal Place of Business | Mailing Address |
|---|---|
| 5329 ISLEWORTH COUNTRY CLUB DRIVE<br>WINDERMERE, FL 34786 | 5329 ISLEWORTH COUNTRY CLUB DRIVE<br>WINDERMERE, FL 34786 |

02062006 Chg-LP CR2E003 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 51-0448516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MOORE, CECIL D<br>5329 ISLEWORTH COUNTY CLUB DRIVE<br>WINDERMERE, FL 34786 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 this form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | | STREET ADDRESS | |
| NAME | MOORE, CECIL D | CITY-ST-ZIP | 100000046161<br>03/21/06-80005-015 500.00 |
| STREET ADDRESS | 5329 ISLEWORTH COUNTRY CLUB DRIVE | | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | MOORE, CAROL K | | |
| STREET ADDRESS | 5329 ISLEWORTH COUNTRY CLUB DRIVE | CITY-ST-ZIP | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | | |
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| NAME | | | |
| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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: C C Moore Cecil Moore 3-7-06 407-422-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #