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

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SIGNATURE:

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # A03000000326 1. Entity Name GREGG VENTURES, LLLP Principal Place of Business Mailing Address 1326 NORTH BLVD. WEST SUITE 7 LEESBURG FL 34748 1326 NORTH BLVD. WEST SUITE 7 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 05-0555912 Not Applica Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREGG, JAMES R 1326 NORTH BLVD. WEST SUITE 7 Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34748 Zip Code FL 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 a traited name of registered eigent and title it accessible. TAC 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 PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS U000000500957 GREGG, JAMES R TRUSTEE <del>04/25/06-80041-021 500.00</del> STREET ADDRESS 1326 NORTH BLVD. WEST SUITE 7 CATY-ST-ZIP City-St-ZIP LEESBURG FL 34748 DOCUMENT # SARLET ADDRESS NAME GREGG, JAMES R TRUSTEE STREET ADDRESS 1326 NORTH BLVD. WEST SUITE 7 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CSTY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZVP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C/TY-ST-7(P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions comained 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

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