

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:45

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000000447 1. Entity Name RECAP, LTD.			
Principal Place of Business 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308		Mailing Address 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308	
2. Principal Place of Business 446 Conradi Street H107		3. Mailing Address P.O. Box 12579 #	
City & State Tallahassee, FL Zip 32304 Country USA		City & State Tallahassee, FL Zip 32317 Country USA	
6. Name and Address of Current Registered Agent MOTTICE, JOHN P 2019 CENTRE POINTE BLVD., SUITE 101 TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 446 Conradi Street H107 City Tallahassee FL Zip Code 32304	
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 John P. Mottice, President, RECAP, Inc., General Partner DATE 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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 the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000133604	STREET ADDRESS	446 Conradi St., H107
NAME	RECAP, INC.	CITY-ST-ZIP	Tallahassee, FL 32304
STREET ADDRESS	2019 CENTRE POINTE BLVD., SUITE 101		
CITY-ST-ZIP	TALLAHASSEE, FL 32		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
0000074697030 05/17/06--01004--009 **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: John P. Mottice, President, RECAP, Inc. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		4/26/06 850-386-2117 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE