

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000699

1. Entity Name
CIRCLE BB RANCH, LTD.



SEC. OF STATE
 DIVISION OF CORPORATE & FINANCIAL SERVICES

06 FEB 20 AM 8:51

Principal Place of Business
14325 STATE ROAD 54
ODESSA, FL 33556

Mailing Address
14325 STATE ROAD 54
ODESSA, FL 33556

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14325 Black Lake Rd.

Suite, Apt. #, etc.

14325 Black Lake Rd.

City & State

City & State

02072006 Chg-LP CR2E003 (11/05)

Zip

Country

Zip

Country

4. FEI Number
35-2223098

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

AYLWARD, ROBERT E ESQ.
600 SOUTH MAGNOLIA AVE., SUITE 100
TAMPA, FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 125

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # **P03000049948**
 NAME **BEHNKE HOLDING CORPORATION**
 STREET ADDRESS **14325 STATE ROAD 54**
 CITY-ST-ZIP **ODESSA, FL 33556**

STREET ADDRESS **14325 Black Lake Rd.**

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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100066803171

02/28/06 01019 026 **500.00

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-14-06 813-920-2962

STAPLE CHECK HERE