

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JAN 12 AM 8:57

DOCUMENT # A03000000852 1. Entity Name HARRY B. JAMES AND MILDRED F. JAMES, LTD.					
Principal Place of Business 111 FLORIDA AVE LYNN HAVEN, FL 32444			Mailing Address P.O. BOX 1037 PANAMA CITY, FL 32402		
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 20-0657802	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMES, MILDRED F 111 FLORIDA AVE LYNN HAVEN, FL 32444			Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Mildred F. James</u> Jan. 11, 2006 <small>Signature, typed or printed name of registered agent and title, if applicable.</small> DATE					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
500064606905 01/21/06--01005--018 **500.00					
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 #	NAME		STREET ADDRESS		
	JAMES, HARRY B. <i>Delete</i>		CITY-ST-ZIP		
	111 FLORIDA AVE				
	LYNN HAVEN, FL 32444				
DOCUMENT #	NAME		STREET ADDRESS		
	JAMES, MILDRED F		CITY-ST-ZIP		
	111 FLORIDA AVE				
	LYNN HAVEN, FL 32444				
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			CITY-ST-ZIP		
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			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: <u>Mildred F. James</u> Jan. 11, 2006 (850) 248-0712 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Date Daytime Phone #					

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