


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

**FILED
Jan 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # A03000001591
1. Entity Name
DUVERRE PARTNERSHIP, LLLP



Principal Place of Business
C/O LLOYD BUCK FOWLER
1596 LANCASTER TERR. #12A
JACKSONVILLE, FL 32204

Mailing Address
C/O LLOYD BUCK FOWLER
1596 LANCASTER TERR. #12A
JACKSONVILLE, FL 32204



01212006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0378423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FOWLER, LLOYD B
1596 LANCASTER TERR. #12A
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

6. 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 the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P03000128724 DUVERRE, INC. 1596 LANCASTER TERRACE, #12A JACKSONVILLE, FL 32204
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02/02/06-80063-024 500.00

**DO NOT WRITE
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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: L.B. Fowler L.B. Fowler 1/22/06 901 355-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #