


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

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

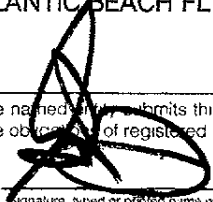
<b>DOCUMENT # A03152</b>			
1. Entity Name <b>FIVE B'S REALTY LTD.</b>			
Principal Place of Business <b>% GEORGE BULL 1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233</b>		Mailing Address <b>% GEORGE BULL 1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/05)

4. FEI Number **59-1421173** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>BULL, GEORGE JR 1937 SEVILLA BLVD WEST ATLANTIC BEACH FL 32233</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
8. The above named agent 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.		1100000539056 05/09/06-80078-017 500.00 FL Zip Code	
SIGNATURE  <b>GEORGE BULL JR. GEN. PARTNER</b> <b>4/24/06</b>		DATE	

**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 #	BULL, GEORGE JR.	STREET ADDRESS	
NAME	1937 SEVILLA BLVD. WEST	CITY - ST - ZIP	
STREET ADDRESS	ATLANTIC BEACH FL		
CITY - ST - ZIP			
DOCUMENT #	WILDT, BEVERLY B	STREET ADDRESS	
NAME	320 Highbrooke Dr.	CITY - ST - ZIP	
STREET ADDRESS	ATLANTA GA 30342		
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			

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:**  **GEORGE BULL JR. GEN PARTNER** **4/24/06** **904.246.141**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #