

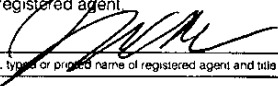



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000000007 1. Entity Name DOCKHOUSE VENTURES, LTD.					
Principal Place of Business 4122 ROBERTS POINT CIR SARASOTA, FL 34242			Mailing Address 4122 ROBERTS POINT CIR SARASOTA, FL 34242		
2. Principal Place of Business 15 Paradise Plaza # 373 Suite, Apt. #, etc.		3. Mailing Address 15 Paradise Plaza # 373 Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 20-0534279	
Zip 34239		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHEM, JOSEPH 4122 ROBERTS POINT CIR SARASOTA, FL 34242				7. Name and Address of New Registered Agent Name Rhem, Joseph Street Address (P.O. Box Number is Not Acceptable) 15 Paradise Plaza # 373 City Sarasota FL Zip Code 34239	
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  Joseph Rhem DATE 4-21-2006 <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 #	M03000004350		STREET ADDRESS	15 Paradise Plaza # 373	
NAME	DOCKHOUSE VENTURES, LLC		CITY-ST-ZIP	Sarasota FL 34239	
STREET ADDRESS	4122 ROBERTS POINT CIR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS	400074620354	
CITY-ST-ZIP			CITY-ST-ZIP	05/15/06--01015--002 **508.75	
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NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Joseph Rhem <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 4-21-2006 Daytime Phone # 941 586 1970		

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