



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAY 19 AM 10:28

<b>DOCUMENT # A04000000095</b> 1. Entity Name <b>REALTORS &amp; ASSOCIATES, LLLP</b>					
Principal Place of Business <b>601 S.E. 7 TH STREET                  CAPE CORAL, FL 33990</b>			Mailing Address <b>P.O. BOX 151775                  CAPE CORAL, FL 33915</b>		
2. Principal Place of Business <b>1266 Lingen Avenue NW</b> Suite, Apt. #, etc.		3. Mailing Address <b>1266 Lingen Avenue NW</b> Suite, Apt. #, etc.			
City & State <b>Palm Bay, FL</b>		City & State <b>Palm Bay, FL</b>		4. FEI Number <b>04282006</b> Chg-LP CR2E003 (11/05)	
Zip <b>32907</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JACKSON, FRED L  <del>432 S.E. 9TH PLACE                  CAPE CORAL, FL 33990</del></b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1266 Lingen Avenue NW</b> City <b>Palm Bay</b> <b>FL</b> Zip Code <b>32907</b>		
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><i>Fred L. Jackson</i></u> DATE: <u>5/8/06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>JACKSON, FRED L                  601 S.E. 7 TH STREET                  CAPE CORAL, FL 33990</b>			STREET ADDRESS <b>1266 Lingen Avenue NW</b> CITY-ST-ZIP <b>Palm Bay, FL 32907</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>IZQUIERDO, MARCOS A                  11490 VILLA GRANDE                  FT. MYERS, FL</b>			STREET ADDRESS <b>6937 NW. 173rd dr. unit</b> CITY-ST-ZIP <b>Miami, FL. 33015</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>JOHNSON, JEFFERY M                  80 LAKE FORREST LANE                  ATLANTA, GA 30342</b>			STREET ADDRESS <b>300075560923</b> CITY-ST-ZIP <b>05/31/06--01034--001 **900.00</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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><i>Fred L. Jackson</i></u> DATE: <u>5/8/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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