


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A04000000312	
1. Entity Name SENECA TRAILS, LTD.	

Principal Place of Business 499 NORTH FERDON BLVD. CRESTVIEW, FL 32539	Mailing Address P.O. BOX 757 CRESTVIEW, FL 32536
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03072006 Chg-LP CR2E003 (11/05)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
RUSSELL, DAVID A 499 NORTH FERDON BLVD. CRESTVIEW, FL 32539	

7. Name and Address of New Registered Agent	
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 <i>David A. Russell</i>	DATE <i>May 9, 2006</i>

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 #	RUSSELL, DAVID A	STREET ADDRESS	
NAME	P.O. BOX 757	CITY-ST-ZIP	
STREET ADDRESS	CRESTVIEW, FL 32536		
CITY-ST-ZIP			
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05/22/06--01033--026 **500.00

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 as receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
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SIGNATURE: <i>David A. Russell</i>	<i>April 14, 2006</i> 850 682-6156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE