


2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 6, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP -1 AM 10:29

DOCUMENT # A04000000360			
1. Entity Name PATMAN/CLIM LIMITED PARTENERSHIP			
Principal Place of Business 1320 BRIDGEPORT DR WINTER PARK, FL 32789		Mailing Address 1320 BRIDGEPORT DR WINTER PARK, FL 32789	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 593630657		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORKEY, RUSSELL ESQ 2888 E OAKLAND PARK BLVD FT LAUDERDALE, FL 33306		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 _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____	
<p>FILE NOW!!! FEE IS \$900.00 On or after September 6, 2006, Fee will be \$1000.00</p> <p>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.</p>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	TREVISANI, THOMAS P	CITY-ST-ZIP	
CITY-ST-ZIP	320 N. EDINBURGH DR. WINTER PARK, FL 32792		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	TREVISANI, SEVILLA M	CITY-ST-ZIP	
CITY-ST-ZIP	320 N. EDINBURGH DRIVE WINTER PARK, FL 32792		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	TREVISANI, THOMAS P II	CITY-ST-ZIP	
CITY-ST-ZIP	320 N. EDINBURGH DR. WINTER PARK, FL 32792		
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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: <i>Thomas P. Trevisani</i>		Date: 8-1-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STATE OF FLORIDA