

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

**DOCUMENT # A04000000400**

1. Entity Name  
**COLORADO GEM INVESTMENT, LTD.**



Principal Place of Business  
**545-7 DELANEY AVE.  
 ORLANDO, FL 32801**

Mailing Address  
**545-7 DELANEY AVE.  
 ORLANDO, FL 32801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-0640266**  
**APPLIED FOR**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THIER, CARL C  
 545-7 DELANEY AVE.  
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name **P. Richard Biondo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1089 CROSS CUT WAY**  
 City **Longwood** FL Zip Code **32750**

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 **P. M. Biondo** **P. Richard Biondo** **March 17, 2006**  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**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

DOCUMENT # **P03000107618**  
 NAME **WUPPERTAL INVESTMENT INC.**  
 STREET ADDRESS **545-7 DELANEY AVE.**  
 CITY-ST-ZIP **ORLANDO, FL 32801**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900074674439**  
**05/16/06--01042--005 \*\*500.00**

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

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: **P. M. Biondo** **P. Richard Biondo** **March 17, 2006**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

**FILED**

**06 MAY -1 PM 1:30**

**TALLAHASSEE FL SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

