2006 Limited Partnership Annual Report Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A04000000687

1. Entity Name SHOWBOAT CAR WASH LIMITED PARTNERSHIP, LLLP



FILED Mar 28, 2006 08:00 AM Secretary of State

Principal Place of Business

520 S PONCE DE LEON BLVD ST AUGUSTINE, FL 32084 Mailing Address

520 S PONCE DE LEON BLVD ST AUGUSTINE, FL 32084



03162006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 20-0602790 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE. FL 32250

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	SACROCIVITEEL, I'E GEESU		IN THIS SPACE	
	6. 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, proof or printed agers and site if appricable.			
		FILE NOWIN FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	1000001482723 0471776-20082-009-500-00	
	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		
STAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L04000027839 SHOWBOAT MANAGEMENT, LLC 1636 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		
	DOCUMENT F NAME STREET ADDRESS CITY-ST-ZIP			
	Document F Name Street Address City-St-Zip		DO NOT WRITE	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	OCCUMENT # NAME 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 cartify 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 cath, 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: SI			
<u></u>		SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING GENERAL PA	RTNER Daytime Phone I	