


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 JUN -2 AM 9:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

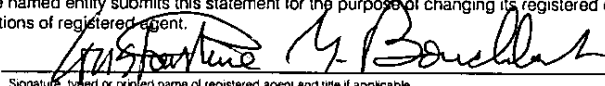
DOCUMENT # A04000000895		
1. Entity Name CGB PROPERTIES, LIMITED PARTNERSHIP		

Principal Place of Business 1650 ARABIAN LANE PALM HARBOR, FL 34685	Mailing Address 1650 ARABIAN LANE PALM HARBOR, FL 34685
---	---

2. Principal Place of Business 2003 Harbour Watch Cir Suite, Apt. #, etc.	3. Mailing Address 2003 Harbour Watch Cir Suite, Apt. #, etc.
---	---

City & State Tarpon Springs, FL Zip 34689	Country	City & State Tarpon Springs, FL Zip 34689	Country
--	---------	--	---------

6. Name and Address of Current Registered Agent BOUCLAS, CONSTANTINE G DR 1650 ARABIAN LANE PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name Bouclas, Constantine G. Street Address (P.O. Box Number, is Not Acceptable) 2003 Harbor Watch Cir City Tarpon Springs, FL Zip Code 34689	
--	--	--	--

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 4-14-06

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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000082878 BOUCLAS ENTERPRISES, INC. 1650 ARABIAN LANE PALM HARBOR, FL 34685	STREET ADDRESS CITY-ST-ZIP	2003 Harbor Watch Cir Tarpon Springs, FL 34689
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200075894822 06/06/06--01060--013 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE