


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A04000001566 1. Entity Name TUNDRA SUN RAY LIMITED PARTNERSHIP	
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Principal Place of Business 5601 CENTRAL AVENUE ST. PETERSBURG FL 33710	Mailing Address P.O. BOX 86005 ST. PETERSBURG FL 33738
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 MAY -1 PM 1:21
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



1st MOORE CR2E003 (10/05)

4. FEI Number 20-1605569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHECHELE, DANIEL J 5625 CENTRAL AVENUE ST. PETERSBURG FL 33710	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 n/a DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	L04000069773	STREET ADDRESS	
NAME	TUNDRA SUN RAY MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 86005		
CITY-ST-ZIP	ST. PETERSBURG FL 33738		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 05/22/06 01040 022 **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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Barbara Ray **BARBARA RAY** **4-25-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE