

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000002056						FILED MAY -1 PM 1:17 06 MAY -1 PM 1:43 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Entity Name THE BAULDREE FARMS FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 2105 BROWNSDALE LOOP ROAD JAY, FL 32565				Mailing Address 2105 BROWNSDALE LOOP ROAD JAY, FL 32565			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BAULDREE, BILLY F 2105 BROWNSDALE LOOP ROAD 1641 Caroline Dr. JAY, FL 32565 Pierson, FL 32180				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 # P04000171186 NAME J.W. BAULDREE ENTERPRISES, INC. STREET ADDRESS 2105 BROWNSDALE LOOP ROAD CITY-ST-ZIP JAY, FL 32565				STREET ADDRESS 1641 Caroline Drive CITY-ST-ZIP Pierson, FL 32180			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 300074699403 05/17/06 01005 019 **500.00 </div>			
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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>Billy F. Bauldree</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				X 4-27-06 <small>Date</small>		X 1-386-749-0145 <small>Daytime Phone #</small>	

STAPLE CHECK HERE