


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

DOCUMENT # A04772 1. Entity Name KARMA LAND VENTURE, LTD						FILED 06 JUN 13 PM 12:27 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 14021 NW US HWY 441 ALACHUA FL 32615				Mailing Address 14021 NW US HWY 441 ALACHUA FL 32615			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 2800 NE SR-47 Suite, Apt. #, etc.			
City & State Zip				City & State HIGH SPRINGS, FL Zip 32643			
Country USA				4. FEI Number 59-1674303		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHESBOROUGH, LOWELL D. 14021 NW US HWY 441 ALACHUA FL 32615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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. *** 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 #	NAME			STREET ADDRESS	CITY-ST-ZIP		
NAME	CHESBOROUGH, LOWELL D.			STREET ADDRESS	400076380144		
STREET ADDRESS	14021 NW US HWY 441			CITY-ST-ZIP	06/20/06--01019--013 **508.75		
CITY-ST-ZIP	ALACHUA FL 32615			STREET ADDRESS			
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CITY-ST-ZIP				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