


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:39

<b>DOCUMENT # A04949</b> 1. Entity Name BRICKYARD PROPERTIES, LTD.					
Principal Place of Business 4350 GARCON POINT BAGDAD, FL 32530			Mailing Address P.O. BOX 492 BAGDAD, FL 32530-0492		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1674455	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, JOHN H 4350 GARCON POINT BAGDAD, FL 32530				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	125 W ROMANA ST	
STREET ADDRESS	CLEMONS, MARVIN R		CITY-ST-ZIP	PENSACOLA FL 32507	
CITY-ST-ZIP	1972 BROYHILL LANE PENSACOLA, FL		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS	DAVIS, JOHN H		STREET ADDRESS	1431 WISHBONE ROAD	
CITY-ST-ZIP	4350 GARCON POINT ROAD BAGDAD, FL		CITY-ST-ZIP	CANTONMENT FL 32533	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MCLAUGHLIN, CHARLES H		CITY-ST-ZIP		
CITY-ST-ZIP	1431 WISHBONE RD CANTONMENT, FL		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS	800074077138	
CITY-ST-ZIP			CITY-ST-ZIP	05/05/06-01043-005 **500.00	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #	NAME		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

4/07/06

Date

Daytime Phone #

STAPLE CHECK HERE