

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A05000000037 1. Entity Name GOOD VALUE LIMITED PARTNERSHIP					
Principal Place of Business 715 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483			Mailing Address 6682 HATTERAS DRIVE LAKE WORTH, FL 33467		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 27-0110713	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROHRER, JOY LADELA 715 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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 # NAME STREET ADDRESS CITY - ST - ZIP	OLIVERI, EPIFANIA 9 CROSSING CIRCLE APT. B BOYNTON BEACH, FL 33435		STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP	
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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: <u>Epifania F Oliveri</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>Feb 6, 2006</u> Daytime Phone: <u>561-265-1998</u>		



01242006 Chg-LP CR2E003 (11/05)

4. FEI Number 27-0110713 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable

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