

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

**FILED**

**06 MAY -1 AM 8:42**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



01232006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-2259019** Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

COMPTON, JOHN M  
1819 MAIN STREET, SUITE 610  
SARASOTA, FL 34236

**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.

**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 #	MASON, STANLEY W., JR., TRUSTEE 3151 MILL RUN COURT NORTH PORT, FL 34287	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #	MASON, DORIS A TRUSTEE 3151 MILL RUN COURT NORTH PORT, FL 34287	CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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DOCUMENT #		CITY-ST-ZIP	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	

**400075013034**  
 05/22/06--01007--015 \*\*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: Stanley W. Mason Jr 4/23/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**Cell 704 351 5041**

STAPLE CHECK HERE