2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1,72006

1. Entity Nam	MENT # A0500000					SECRE DIVISION 06 APR	FILED TARY OF STAT OF CORPORAT 24 AMII: 11	e Ions
4208 GLOUG BROOKSVILL	ce of Business CESTER ROAD .E, FL 34604 US	Mailing Address 4208 GLOUCESTER RO BROOKSVILLE, FL 340		\$		ili 6 000 9 500 11 00 15 00 1	11	
	Place of Business 3 Cloucester Ra #, etc.	3. Mailing Address 4233 G1c Suite, Apt. #, etc.	DU <u>Ces</u>	ster Road	03292006	Chg-LP	CR2E003 (11/05)	
City & Stat	South Florida	City & State COOKSUILE	Flo	rida	4. FEI Number	20-22676	71 App	lied For Applicable
2ip 3460		34604	Countr		5. Certificate of	Status Desired	S8.75 Addit Fee Required	ional
<u> </u>	6. Name and Address of Currer	t Registered Agent		Name	7. Name and A	ddress of New Re	gistered Agent	
4208 GLO	S, GLORIA S UCESTER ROAD /ILLE, FL 34604	[Street Address (P.O. Box Number is Not Acceptable)					
B. (65)			9 Cloucester Road Party in FL Zip Code al.					
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered	1-71 00/65	ed agent, or both,	in the State of Flori	346	nd accept
SIGNATURE	shei S. W.	UUUMW nl and title it applicable	Glan	in S. W.	Miams	4	731-06	
		WI!! FEE IS \$500.00 2006, Fee will be \$90	0.00					
	A GENERAL PARTNER	THAT IS A BUSINESS EN	NTITY MU					
12.	NOTE: General Partners N	ER INFORMATION	the form;	an amendmen	it must be filed	ADDRESS CHAN		
DOCUMENT / NAME	WILLIAMS, GLORIA S			TADDRESS 42	33 G-10	ucester	Road_	
STREET ADDRESS CITY-ST-ZIP	4208 GLOUCESTER ROAD BROOKSVILLE, FL 34604		CITY-	ST-ZIP B	ooks will	LE FL	34604	
NAME STREET ADDRESS	WHITNEY, JOSHUA M		STREE	T ADDRESS 112	.33 G-1	cuceste	- Road	
- CITY-ST-ZIP	BROOKSVILLE, FL 34604		CITY-S	ST-ZIP B	Doks vill	le FL	34604	
DOCUMENT / NAME	HANSEN, VANESSA W		STREE	TADDRESS 4:2	33 (-1	<u>suceste</u>	c Road	
STREET ADDRESS CITY-ST-ZIP	8ROOKSVILLE, FL 34604		CITY-S	ST-ZIP B	Doks oil	le, FL	34604	
DOCUMENT / NAME			STREE	T ADDRESS		- · · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	00	00740	89660	
DOCUMENT # NAME STREET ADDRESS			STREE	T ADDRESS	05/08/	/0601009-	189660 003 **500.	00
			CITY-S	ST-ZIP				
DOCUMENT /			STREE	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S					
or the rec	certify that the information supplied videon this report is true and accurate an ceiver or trustee empowered to execu	id that my signature shall have	the same hapter 620	legal effect as if in , Florida Statutes	nade under oath; ti	nat i am a Generai	urther certify that the in Partner of the limited pa	iormation artnership
SIGNAT		OR PRINTED NAME OF SIGNING GENER		<u>a S.Wil</u>	liams	Date	Daylinia Phone K	