

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:43

DOCUMENT # A05000000209 1. Entity Name NE PALM BAY PROPERTIES, LTD					
Principal Place of Business 741 AZURE AVE NE PALM BAY, FL 32905			Mailing Address 741 AZURE AVE NE PALM BAY, FL 32905		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BIRAN C HERNDON PA 800 VIRGINA AVE 38-1 FT PIERCE, FL 34982				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 #	NAME		STREET ADDRESS		
NAME	RAYMOND, ALLAN I SR		CITY-ST-ZIP		
STREET ADDRESS	741 AZURE AVE NE				
CITY-ST-ZIP	PALM BAY, FL 32905				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	RAYMOND, KATHLEEN P		CITY-ST-ZIP		
STREET ADDRESS	741 AZURE AVE NE				
CITY-ST-ZIP	PALM BAY, FL 32905				
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STREET ADDRESS					
CITY-ST-ZIP					

20-2264560



03242006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2264560 Applied For
Not Applicable

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

STAPLE CHECK HERE

800069923768
 04/10/06--01020--008 **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: Kathleen P Raymond / Kathleen P Raymond 3/4/06 321-674-3944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #