


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000469 1. Entity Name HOLTON PARTNERS, LTD.						MAY -1 AM 9:44 STATE OF FLORIDA TALLAHASSEE FLORIDA	
Principal Place of Business 700 OCEAN ROYALE WAY, APT. 801 JUNO BEACH, FL 33408				Mailing Address 700 OCEAN ROYALE WAY, APT. 801 JUNO BEACH, FL 33408			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				04192006 Chg-LP CR2E003 (11/05)			
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEVERSON, JOHN M 1400 CENTERPARK BLVD., SUITE 860 WEST PALM BEACH, FL 33401				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				STREET ADDRESS CITY-ST-ZIP			
HOLTON, THOMAS L 700 OCEAN ROYALE WAY, APT. 801 JUNO BEACH, FL 33408				800074661078 05/16/06--01020--017 **\$00.00			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
HOLTON, MAXINE S 700 OCEAN ROYALE WAY, APT. 801 JUNO BEACH, FL 33408							
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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: <i>T.L. Holton</i> T.L. HOLTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>						4/26/06 561-627-1125 <small>Date Daytime Phone #</small>	

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