


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 2:35

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000000569		
1. Entity Name L & M BOONE INVESTMENTS, LIMITED PARTNERSHIP		

Principal Place of Business 329 THOMPSON ROAD SANTA ROSA BEACH, FL 32459	Mailing Address 329 THOMPSON ROAD SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business 271 Bell Dawson Rd.	3. Mailing Address 271 Bell Dawson Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponce De Leon, FL	City & State Ponce De Leon, FL
Zip 32455	Country
Country	Zip 32455
Country	Country



04042006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HENDERSON, JOSEPH 45 BEAL PARKWAY, N.E. FORT WALTON BEACH, FL 32549	

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 *Julien P Boone* DATE *5/15/06*
Signature, typed or printed name of registered agent and title if applicable DATE

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 #	L05000026307	STREET ADDRESS	271 Bell Dawson Rd.
NAME	BOONE MANAGEMENT, LLC	CITY - ST - ZIP	Ponce De Leon, FL 32455
STREET ADDRESS	329 THOMPSON ROAD		
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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05/22/06--01017--022 **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: *Julien P Boone* DATE *05/15/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #

• STAPLE CHECK HERE