


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

FILED

06 MAY -1 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000000676 1. Entity Name CONTEMPORARY CASUALS, LIMITED PARTNERSHIP	
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Principal Place of Business 9328 BARAK AVENUE SEFFNER, FL 33584	Mailing Address 9328 BARAK AVENUE SEFFNER, FL 33584
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

04262006 Chg-LP CR2E003 (11/05)

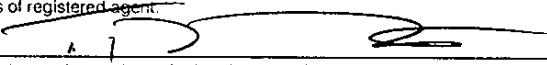
4. FEI Number 20-2607716	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DOUCETTE, TEDD R 9328 BARAK AVENUE SEFFNER, FL 33584	

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 **4/26/06**

**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
	DOUCETTE, TEDD R		
	9328 BARAK AVENUE		
	SEFFNER, FL 33584		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	VANSISE, NED		
	1100 HAMMOND DR. NE		
	ATLANTA, GA 30328		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**700075014747
05/22/06--01013--015 **500.00**

STAPLE CHECK HERE

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:  DATE **4/26/06** DAYTIME PHONE # **813.508.2000**