

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JUL 27 AM 9:05

<b>DOCUMENT # A05000001297</b> 1. Entity Name LONG NECK POINT INVESTMENTS, LLLP					
Principal Place of Business 99 LONG NECK POINT ROAD DARIEN, CT 06820			Mailing Address 99 LONG NECK POINT ROAD DARIEN, CT 06820		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07102006    Chg-LP    CR2E003 (11/05)	
4. FEI Number 20-3088167				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEEK, J. JACOB R ONE INDEPENDENT DRIVE, STE. 2600 JACKSONVILLE, FL 32202			Name <u>Frederick J Wainio Jr</u> Street Address (P.O. Box Number is Not Acceptable) <u>120 SR 312 WEST</u> <u>SUITE 1</u> City <u>St Augustine</u> <u>FL</u> Zip Code <u>32086</u>		
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 <u>Frederick J Wainio Jr</u> <small>Signature, typed or printed name of registered agent and title, applicable.</small>			DATE <u>7-10-2006</u>		
<b>FILE NOW!!! FEE IS \$500.00</b> <b>Due by September 6, 2006</b>				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P05000093195		STREET ADDRESS		
NAME	LONG NECK POINT ENTERPRISES, INC.		CITY-ST-ZIP	<u>100078285131</u> <u>08/02/06 01065-008 **500.00</u>	
STREET ADDRESS	99 LONG NECK POINT ROAD		STREET ADDRESS		
CITY-ST-ZIP	DARIEN, CT 06820		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Frederick C. Abberley, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <u>7/22/06</u>		Daytime Phone # <u>0408</u>

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