


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

<b>DOCUMENT # A05000001335</b>					
1. Entity Name COVE DEVELOPMENT PARTNERSHIP #1, LTD.					
Principal Place of Business 17755 U.S. 19 NORTH SUITE 200 CLEARWATER, FL 33764 US			Mailing Address 17755 U.S. 19 NORTH SUITE 200 CLEARWATER, FL 33764 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number			04112006 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			7. Name and Address of New Registered Agent		
SHEEHAN, DENNIS M 17755 U.S. 19 NORTH SUITE 200 CLEARWATER, FL 33764			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<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 #	P04000121854		STREET ADDRESS		
NAME	COVE DEVELOPMENT GROUP, INC.		CITY-ST-ZIP		
STREET ADDRESS	17755 U.S. 19 NORTH, SUITE 200				
CITY-ST-ZIP	CLEARWATER, FL 33764				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
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>Dennis M. Sheehan</u> Dennis M. Sheehan			4-11-06 727-642-2639		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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