

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JUL 18 AM 10:31

DOCUMENT # A05000001474	
1. Entity Name INTERIOR PREVENTETIVE MAINTENANCE LTD	



Principal Place of Business 122 ALDEA DRIVE SEBASTIAN, FL 32958	Mailing Address 122 ALDEA DRIVE SEBASTIAN, FL 32958
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2. Principal Place of Business 161 Sebastian Blvd Suite, Apt. #, etc. Suite 204 City & State Sebastian, FL Zip 32958 Country Indian River	3. Mailing Address 161 Sebastian Blvd Suite, Apt. #, etc. Suite 204 City & State Sebastian, FL Zip 32958 Country Indian River
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07132006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3207861	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 PETERSON, KENNY 122 ALDEA DRIVE SEBASTIAN, FL 32958	
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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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	PETERSON, KENNY	STREET ADDRESS	
NAME	122 ALDEA DRIVE	CITY-ST-ZIP	
STREET ADDRESS	SEBASTIAN, FL 32958		
CITY-ST-ZIP			
DOCUMENT #	HOUSE, GARY	STREET ADDRESS	700077779187
NAME	8516 104TH AVE	CITY-ST-ZIP	07/20/06--01046--011 **500.00
STREET ADDRESS	VERO BEACH, FL 32967		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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:

Kenneth Peterson

Kenneth Peterson

7-14-6

772-

228-9488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE