

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:28

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



04262006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-5680211** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # A05000001583
 1. Entity Name
EUBANKS INVESTMENTS, LLLP



Principal Place of Business Mailing Address
710 WEST HIGHWAY 98 710 WEST HIGHWAY 98
MEXICO BEACH, FL 32456-1304 MEXICO BEACH, FL 32456-1304

2. Principal Place of Business 3. Mailing Address
HC3; Box 98710
 Suite, Apt. #, etc. Suite, Apt. #, etc.
710 WEST HIGHWAY 98
 City & State City & State
MEXICO BEACH, FL 32456

Zip Country Zip Country

6. Name and Address of Current Registered Agent

EUBANKS, KAY W
C/O COLDWELL BANKER
710 WEST HIGHWAY 98
MEXICO BEACH, FL 32456-1304

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

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 #		STREET ADDRESS	
NAME	EUBANKS, KAY W	CITY - ST - ZIP	
STREET ADDRESS	710 WEST HIGHWAY 98		
CITY - ST - ZIP	MEXICO BEACH, FL 324561304		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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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: *[Signature]* **4-27-06** **(850) 648-1610**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

ORIGINAL