

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 11:15

DOCUMENT # A05000001739 1. Entity Name SYNERGY ARCHITECTURE, LIMITED PARTNERSHIP					
Principal Place of Business 916 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34429			Mailing Address 916 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34429		
2. Principal Place of Business 9070 W OZELLO TR Suite, Apt. #, etc.		3. Mailing Address 9070 W OZELLO TR Suite, Apt. #, etc.			
City & State CRYSTAL RIVER FL		City & State CRYSTAL RIVER FL		4. FEI Number 20-3193368	
Zip 34429		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAXTON, RICHARD W 916 NORTH SUNCOAST BLVD. 9070 W OZELLO TR CRYSTAL RIVER, FL 34429				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: <u>Richard W Laxton Jr</u> DATE: <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
100074089991 05/08/06--01009--013 **500.00					
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			STREET ADDRESS CITY-ST-ZIP		
LAXTON, RICHARD W JR 916 NORTH SUNCOAST BLVD. CRYSTAL RIVER, FL 34429			9070 W OZELLO TR CRYSTAL RIVER FL 34429		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
CLAY, RICHARD I PO BOX 729 LECANTO, FL 34460					
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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>Richard W Laxton Jr</u> DATE: <u>4/13/06</u> DAYTIME PHONE #: <u>352-795-4155</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE