

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001849

**Entity Name:** THE PLUMOSA GROUP, LTD

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

18221 PALM CREEK DRIVE  
N. FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

18221 PALM CREEK DRIVE  
N. FT. MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LUCAS, SHIRLEY  
18221 PALM CREEK DRIVE  
N. FT. MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: LUCAS, SHIRLEY  
Address: 18221 PALM CREEK DRIVE  
City-St-Zip: N. FT. MYERS, FL 33917 US

Document #:

Name: WILSON, ROBERT W  
Address: 1239 MORNINGSIDE DR.  
City-St-Zip: FT. MYERS, FL 33901 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT W WILSON

G

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date